



Social Services in Britain

CENTRAL OFFICE OF INFORMATION REFERENCE PAMPHLET 3

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INTRODUCTION

BRITAIN'S¹ social services cover a wide range of provision designed to promote the health and well-being of the people and to improve the surroundings in which they live. To give a full picture, this pamphlet covers health, personal social services, social security, housing, education (including the youth service), employment and training services, consumer protection, legal aid, treatment of offenders and the work of voluntary organisations. Many of the State services were pioneered by voluntary organisations, and close co-operation exists between them and the public authorities.

Administration of the social services takes several forms. Some services such as the social security system are provided by central Government departments through a network of local offices. Others—for example, education, housing and personal social services—are administered by local government authorities. The employment and training services are run by separate statutory bodies. The National Health Service is administered by health authorities or boards responsible to the central Government health departments. In every case ultimate responsibility rests with a minister answerable to Parliament.

Although Britain has a full range of social services, problems remain to be solved and new ones become apparent. One of the most serious problems is shortage of resources caused by the need to restrict growth in public expenditure. Discussion and argument continue on the question of priorities concerning the various groups in need of help.

Achievements and Priorities

Since the beginning of the National Health Service (NHS) in 1948, considerable advances have been made in improving the health of the people. The infant mortality rate has been halved, and deaths from such diseases as poliomyelitis and diphtheria have fallen so steeply that they are no longer major health problems. Compared with 1948 the NHS is using 90 per cent more real resources (after allowing for rises in pay and prices): in England, for example, staff numbers have risen from about 400,000 (whole-time equivalent) in 1949 to just over 700,000 in 1975 thereby giving improved services to patients. Under present plans priority is to be given to services for the mentally ill and mentally handicapped, elderly people, families with children, and primary health care. Efforts are being made to distribute resources more fairly between different parts of the country. The Government is also placing even greater emphasis than hitherto on the need to obtain value for money; among measures under consideration are cuts in administrative costs, more preventive medicine, increased efficiency in the use of hospital beds, more day hospital treatment and improved systems of purchasing supplies and equipment.

Many people most in need of health services (for example, disabled and elderly people) also rely on the personal social services of local authorities and

¹In this pamphlet the terms 'Britain' and 'United Kingdom' are used synonymously to refer to England, Scotland, Wales and Northern Ireland. 'Great Britain' includes only England, Scotland and Wales.

voluntary organisations. In the early 1970s considerable expansion took place in the services but this high rate of growth will not continue in the near future because of restrictions on the growth of public expenditure. Nevertheless, services for such groups as the disabled have continued to grow despite the economic difficulties; in England, for example, the number of disabled households assisted with telephone installations rose from 30,400 in 1972–73 to 88,000 in 1975–76. Joint finance and planning between local and health authorities aims to prevent overlapping of services and to encourage the development of community services such as more hostels for discharged hospital patients. In deciding priorities some local authorities attach more importance to personal social services than others with the result that provision can vary from area to area.

Since protection of the elderly, the disabled and the poor is a central part of the Government's social programme, pensions and the other social security benefits have been unaffected by curbs on public expenditure. Long-term benefits such as retirement pension are increased annually in accordance with percentage movements in retail prices or average earnings whichever is more favourable to the recipient; short-term benefits such as sickness benefit are linked with movements in retail prices. The new earnings-related pension scheme, starting in 1978, ends many years of debate and is perhaps the biggest social advance since the 1940s. Special emphasis has been placed on assisting disabled people with the introduction since 1970 of a range of benefits such as attendance allowances and mobility allowance.

Housing conditions have been transformed in the past 25 years. Since 1951 some 7.5 million new homes have been completed in England and Wales and nearly 2.5 million renovated. In 1951 more than two out of three households lived in unsatisfactory physical conditions or were sharing: by 1976 this figure had fallen to one in seven. First results of the 1976 house condition survey show that the number of unfit dwellings in England has been reduced from 1,147,000 in 1971 to 794,000, and the number lacking one or more basic amenities has gone down from 2,655,000 to 1,493,000. There is no longer an absolute national housing shortage although substantial problems remain in respect of the 2.7 million households living in unsatisfactory conditions or sharing.

Since the clearance of 'irredeemable' slums is almost at an end, the Government considers that greater emphasis should be placed on renewal and modernisation of property through more generous improvement and repairs grants. New building will still be needed to replace bad housing and to cope with the rising number of households over the next ten years or so. The Government believes that the strong and growing desire for home ownership should be met (55 per cent of dwellings in England and Wales are owner-occupied compared with 31 per cent in 1951). Special help is to be given to first-time buyers, and proposals have been made for building societies to lend more money to people with modest incomes and on older property. Although most of the demand for rented accommodation will be met by the public sector, letting by resident landlords is to be encouraged. The voluntary housing movement will continue to be supported as will experiments with housing co-operatives and co-ownership. Government consultative documents on housing policy were published in 1977 (see Reading List).

In education major changes of policy and organisation have taken place. Primary schools have been transformed by the adoption of a much wider curriculum than used to be considered sufficient, and by the rapid growth of the 'child centred' approach to teaching. At the secondary level a fundamental reorganisation of schools is largely complete—more than three-quarters of secondary pupils in England and Wales (and almost all in Scotland) go to non-selective comprehensive schools available to children of all abilities. (The comprehensive system is soon to be introduced throughout Northern Ireland.) Over 4 million full- and part-time students take post-school education courses in universities, polytechnics, teacher training establishments, further education colleges and adult education evening institutes. The proportion of 18-year-olds entering full-time higher education in England, Wales and Scotland is nearly 14 percent (compared with less than 3 per cent 40 years ago). Twenty-seven new universities have been created since 1945—ten are completely new and the remainder developed from existing colleges. In addition the pioneering Open University has introduced, through the use of multi-media teaching methods, university-level education for working and other adults who live at home and study in their spare time; no previous academic qualifications are required for acceptance as a student.

Following this period of change, the Government has initiated a national debate on educational issues among teachers, administrators, parents, employers, trade unionists and others. The debate has largely focused on school education; a consultative document published in July 1977 (see Reading List) discussed the curriculum, standards and assessment, transition between schools, the special needs of minority groups, teachers, schools and working life, and the school and the community. There is a general concern that schools' curricula should be reviewed to see that they are meeting the needs of modern Britain and that there should be a coherent means of assessment for individual pupils, for schools and for the education system as a whole. It is also Government policy to encourage further links, especially locally, between schools and the world of industry and commerce. Within the necessary strict financial limitations the Government remains committed to improving educational provision for all. Nursery education for children of pre-school age is being expanded, and priority in the allocation of resources is being given to those with social and educational disadvantages and to handicapped children.

The public employment and training services which help employers to find suitable staff and employees to obtain jobs have been greatly improved. The old employment exchanges, for instance, are being replaced by self-service 'jobcentres' in prominent locations. Training opportunities have been expanded, and the Government has approved comprehensive plans to provide training and work experience for unemployed school-leavers. Legislation governing health and safety at work has been strengthened and a reorganisation of the enforcement agencies has taken place.

Much legislation has been passed since 1960 to protect the interests of consumers. This includes weights and measures legislation, measures to ensure the safety of goods on sale to the public, and protection against false trade descriptions and harmful trading practices. Local government authorities are

empowered to run consumer advice centres which offer guidance and help to the public.

Various reforms have been made in the criminal justice system to seek alternatives to custodial treatment and to reduce the prison population. Under the Criminal Justice Act 1972, for instance, some 9,000 community service orders were made by courts in England and Wales in 1976 for offenders who might otherwise have received a prison sentence; the orders oblige them to do useful service for the benefit of such groups as disabled and elderly people. Another way of reducing the prison population has been the increased use of release on parole introduced in 1968; the percentage of prisoners eligible for consideration for release on parole and granted it rose to 54 per cent in 1976 whereas in the early days only the exceptional prisoner received it. Despite these measures the prison population has increased because of the growth of crime. Custodial treatment remains an important element of the British criminal justice system and some 4,700 new places in prison are being made available in England and Wales in the years 1976-77 to 1980-81 to cope with the rise in the prison population and to reduce overcrowding.

HEALTH

THE NATIONAL HEALTH SERVICE

The National Health Service (NHS) is based upon the principle that everyone is entitled to the best medical care available, irrespective of means. The facilities of the NHS are largely free to users, and are available to all people normally resident in Britain regardless of nationality. Visitors may use the NHS if they need treatment for an unforeseen emergency but, in other circumstances, they may be asked to pay for treatment.

Overseas residents who come to Britain wholly or mainly to seek treatment are expected to pay for it, and may be asked by the immigration authorities to produce evidence that they have arranged to do so. Advice about eligibility for NHS treatment may be obtained from the Department of Health and Social Security.

Reciprocal health agreements are in operation between Britain and some other countries. In addition, under the social security arrangements of the European Community, United Kingdom nationals and nationals of other Community countries who are resident in Britain are entitled to urgent medical treatment in another Community country on the same basis as the insured nationals of that country.

A more detailed account of British health services is contained in COI reference pamphlet *Health Services in Britain*, R5154.

Finance

The cost of the NHS is largely met from general taxation revenue. In addition a small part of the social security contribution payable in return for contributory benefits is paid to the NHS. There are also charges paid by people using certain services; these include prescription charges which cover a small part of the cost and charges for dental treatment and for spectacles. Many groups of people such as retirement pensioners, war disablement pensioners, children under 16, pregnant women, or women who have borne a child in the previous 12 months, are exempt from prescription charges as are families with very low incomes. Dental examination is free but there are charges for treatment; these do not, however, apply to people under 21 years or to pregnant women or those who have borne a child in the previous 12 months. People exempt from charges for dentures are children and young people under 16 or still at school, pregnant women, and women who have borne a child in the previous 12 months. Children's standard spectacles are free, but charges apply to other people having spectacles. Certain low income groups are exempt from dental and optical charges.

Some NHS hospitals make provision for patients to be treated privately on payment of the whole cost of their accommodation and treatment. However, under the Health Services Act 1976, the Government is phasing out most private medical treatment from NHS hospitals.

There is a limited number of amenity beds in hospitals for NHS patients wanting additional privacy; these are made available at a small charge as long as they are not required on medical grounds for non-paying patients.

In 1976 over £6,000 million was spent on the health service.

Administration

The central Government health ministers—the Secretary of State for Social Services in England, and the Secretaries of State for Scotland, Wales and Northern Ireland—are responsible for the NHS in their respective countries. This is exercised through their health departments (the Department of Health and Social Security in England, the Scottish Home and Health Department, the Welsh Office and the Northern Ireland Department of Health and Social Services) and appointed health authorities. The health ministers have a central planning role, determine national policy and allocate funds to the health authorities.

Area planning and operational control of the services are the responsibility of 90 area health authorities in England, 15 health boards in Scotland, eight area authorities in Wales and four health and social services boards in Northern Ireland. In England, because of its greater size, there is an intermediate tier of 14 regional health authorities responsible for regional planning and certain central services. In Scotland, Wales and Northern Ireland there are single agencies responsible for central services.

The health authorities are statutory agencies of central Government and co-operate closely with local government authorities responsible for personal social services, education and other services. There is provision for joint finance and planning of overlapping services. In Northern Ireland health and personal social services are run by the same authority.

Health authorities and boards have wide discretion to determine the pattern of services best suited to their areas. In all four countries responsibility for the day-to-day running of services is often given to health districts; in England, for instance, there are between one and six districts in each area. Districts are managed by teams responsible to the area authority or the board.

The chairmen of the health authorities and the boards are paid but the remainder consist mainly of unpaid part-time members. The chairmen and members of the regional authorities and the Scottish health boards and the chairmen of the area authorities are appointed by the appropriate Secretary of State after consultation with professional, local authority, university and other interests. Most of the area authority members are appointed by the regional authorities in England and the Secretary of State in Wales, but local government authorities appoint one-third. The health authorities include members from universities, health professions and other interested bodies. Area health authorities in areas containing a teaching hospital have additional nominees from universities, including members with teaching hospital experience.

In England and Wales there are district community health councils which represent the interests of the public. Half their members are nominated by local government councils and a third by voluntary organisations interested in the health services. The councils have the right to secure information and visit hospitals. The area authorities have to consult them on health service developments and a council can send an observer to area health authority meetings with the right to speak but not to vote. Annual reports are published by councils, area authorities being required to make replies recording action on issues raised.

In Scotland local health councils and in Northern Ireland district committees represent the interests of the public.

University medical and dental schools are not controlled by central Government and are responsible for providing clinical facilities for the training of medical and dental students.

There is statutory provision for all authorities to recognise and consult professional advisory committees. The main national advisory bodies are the Central Health Services Council in England and Wales, the Scottish Health Service Planning Council in Scotland, and the Health and Social Services Council in Northern Ireland. The Health Advisory Service for England and Wales reports to the Secretaries of State on conditions in hospitals and the community health service; the Scottish Hospital Advisory Service reports to health boards and the Secretary of State.

Health Service Commissioner

Health service commissioners in England, Scotland and Wales investigate complaints from patients about the health service. All three offices are held by the Parliamentary Commissioner for Administration who investigates complaints about maladministration by Government departments. (In Northern Ireland the Commissioner for Complaints is the responsible official.)

The commissioner investigates complaints by people who feel that they have suffered injustice or hardship as a result of failure in a health authority's service, a failure by an authority to offer a service which it is its duty to provide, or maladministration.

Before the commissioner can investigate, the complaint has to be sent to the relevant health authority and sufficient time given for it to investigate and reply. Matters outside his jurisdiction include action taken solely in the exercise of clinical judgment and the action of family practitioners in connection with their general medical and dental services.

The health service commissioner reports annually to Parliament and issues the full texts of reports of each investigation omitting the names of the institutions and personnel concerned.

Family Practitioner Services

Primary health care is in the hands of family doctors, dentists, opticians and retail pharmacists working as independent individuals under contract to the NHS. They are not employees of the health authorities and are free to treat private patients. Patients are free to choose their NHS doctor, dentist, optician and pharmacist. Doctors and dentists normally work at their own surgeries but about a fifth of family doctors in England, Scotland and Wales (two-fifths in Northern Ireland) work from health centres owned by the NHS. There are some 24,700 family doctors in England, Scotland and Wales, one for every 2,200 people. In Northern Ireland there are about 735 with some 2,100 patients each. The maximum number of patients' names permitted on a doctor's list is normally 3,500. Access to specialist and hospital treatment is normally obtained through the family doctor or dentist who makes the necessary arrangements.

There are over 13,200 dentists in the NHS general dental service.

Nearly 1,000 ophthalmic medical practitioners and about 6,800 ophthalmic and dispensing opticians test sight and supply spectacles. Treatment is given to patients by the hospital eye service.

About 11,500 retail pharmacies are under contract to the NHS. They are responsible for dispensing prescriptions except for those dispensed by some family doctors and by hospital pharmacies.

Group Practices and Health Centres

Family doctors frequently work as members of co-ordinated primary health care teams assisted by district nurses, midwives and health visitors. About two-thirds work in a group practice of three or more doctors. Nearly 20 per cent of doctors work in health centres built and maintained by the health authorities; these consist of modern and well-equipped accommodation for primary health care teams. Other health centre services may include dentistry, chiropody, family planning, ante-natal care, and health education; in some there are ophthalmic and pharmaceutical services. Social workers, too, may be attached to or may co-operate with the health team. There are about 830 health centres and others are under construction.

District Nurses, Midwives and Health Visitors

District nurses attend to people needing nursing at home or elsewhere outside hospital. Midwives assist the family doctor at home confinements (about 4 per cent of all confinements) and care for mothers and babies (whether born at home or in hospital) before the birth and for 10 days afterwards.

Although health visitors are concerned with the health of the household as a whole, most of their work is with families and young children and with old people. They have an important role to play in health education and preventive measures as they are trained to identify deviations from normal development.

Child Health Services

In addition to the family doctor service, a network of child health centres (some situated in health centres) provides facilities for regular surveillance by doctors, dentists and health visitors of children's physical and mental health and development. Advice is offered to parents on all matters concerning the health of their pre-school children. Special sessions are held for voluntary vaccination and immunisation of children against certain diseases (see p 12). A feature of the service is the education of parents before and after the birth of a child, by means of talks, discussion groups and classes.

Whenever possible sick children are treated at home but, if hospital admission is unavoidable, the aim is to care for them in a children's department where they can be treated by consultant paediatricians and nurses specially trained in child health and development.

The school health service, which is part of the NHS, provides health surveillance of children at school with medical and dental treatment where appropriate. The staff works closely with local education authorities in the medical assessment of handicapped children thought to need special attention.

Child guidance facilities give help and advice concerning children with psychological or emotional problems.

Hospital and Specialist Services

The hospital and specialist services include district general hospitals with treatment and diagnostic facilities, hospital maternity departments, infectious disease units, psychiatric and geriatric facilities, rehabilitation units, convalescent homes and all forms of specialised treatment. Some specialist hospitals are available for mentally ill and mentally handicapped people; in the long term it is planned to replace most mental illness hospitals by facilities based on psychiatric units in district general hospitals. It is also long-term policy to shift the emphasis from caring for mentally handicapped people in hospital to care in the community; where hospital treatment is required it will be provided in small units near to the patient's home.

There are some 2,700 NHS hospitals with nearly half a million beds and a nursing and midwifery staff of 398,230 (whole time equivalent). There are 37,320 medical staff including over 14,100 consultants.

Rehabilitation

Rehabilitation is an important aspect of medical care. It has been applied with advantage in the care of many disabled, elderly and mentally ill people by enabling them to become self-sufficient. Rehabilitation facilities are available at most hospitals and at special centres. The work is carried out by teams of doctors, nurses, physiotherapists, remedial gymnasts, occupational therapists and social workers. Hospital departments work closely with the Rehabilitation and Resettlement Service organised by the Government's employment services.

Medical rehabilitation may include the provision, free of charge, of artificial limbs and eyes, hearing aids, surgical supports, wheelchairs and other appliances. Very severely physically handicapped people may be issued with environmental control equipment enabling a person to operate devices such as alarm bells, radio and television, a telephone and heating; the controls are operated by means of a micro-switch or by suction via a pneumatic tube with a pipe-stem mouthpiece. There are also typewriter control systems operated in the same way and these can be obtained free under the NHS by completely disabled people unable to communicate. Nursing aids for the handicapped at home can be borrowed.

Family Planning

A free family planning service is available for all through NHS family planning clinics and hospitals. A free service for women only is also available from most family doctors.

Abortion

Under the Abortion Act 1967 termination of a pregnancy may take place if two registered medical practitioners believe that its continuance would involve a greater risk to the life of the pregnant woman (or of injury to her physical or mental health or that of any existing children in her family) than if the pregnancy were terminated. Termination may also be permitted if the two doctors think that there is a substantial risk of the child being born with severe physical or mental abnormalities. In addition a registered medical practitioner can terminate a pregnancy without requiring the recommendation

of a second doctor if he is of the opinion that the termination is immediately necessary to save the life of the woman or to prevent grave permanent injury to her health. Abortions may be carried out in NHS hospitals or in premises officially approved for the purpose.

Blood Transfusion

The blood transfusion service relies entirely on voluntary blood donors and has more than 1.5 million donors on its panels. There are 20 regional transfusion centres which recruit donors and organise donor sessions in towns and villages, factories and offices and in establishments maintained by the armed forces. Donors must be between the ages of 18 and 65.

The regional centres are also responsible for blood grouping and testing, maintaining blood banks, providing a consultant service for hospitals, teaching in medical schools and instructing doctors, nurses and technicians.

Ambulance Service

Where necessary on medical grounds, free transport between home and hospital is provided. In addition voluntary drivers using their own cars augment the service in some areas.

Drug Dependence

Treatment for narcotic addiction is available at drug treatment clinics. Some doctors are licensed by the Home Secretary to prescribe heroin and cocaine to addicts; in Northern Ireland licensing is the responsibility of the Department of Health and Social Services. Doctors do not require a licence to prescribe methadone and other controlled drugs to addicts but they must notify the Home Office of any patient they consider to be addicted to certain controlled drugs.

Hospital services treat drug misusers including people who take overdoses. Several voluntary bodies organise rehabilitation facilities including accommodation, day centres and counselling. The Advisory Council on the Misuse of Drugs advises ministers on measures to prevent the misuse of dangerous drugs or to deal with the social problems connected with drug misuse.

Alcoholism

The NHS psychiatric service provides treatment for alcoholics. There are some 23 specialised treatment units as well as a day hospital. Three experimental detoxification centres are being sponsored by the Department of Health and Social Security. Closely linked with treatment are community services (including those provided by voluntary organisations) covering prevention, advice and rehabilitation.

SAFETY OF MEDICINES

Under the Medicines Act 1968 the health and agriculture ministers are responsible for licensing the manufacture, marketing and importation of medicines for human and veterinary use. The Medicines Commission advises the ministers on policy regarding medicines. The Committee on Safety of Medicines advises them on the safety, efficacy and quality of medicines and

monitors adverse reactions. A review of medicines on the market is being undertaken by the Committee on the Review of Medicines. The Act controls the advertising, labelling, distribution, sale and supply of medicines. For further details see COI short note *Control of Medicines in Britain*, SN 5944.

MEDICAL RESEARCH

The Government supports medical research by financing the Medical Research Council and by grants to universities distributed through the Department of Education and Science and the University Grants Committee. The Department of Health and Social Security and the Scottish Home and Health Department have a research programme, some of which is carried out by the Medical Research Council.

Most of the established pharmaceutical firms spend between 7 and 12 per cent of their turnover on research and development. The industry employs some 9,500 qualified scientists on research work. Other contributions to research are made by private charities or voluntary organisations, such as the Nuffield Foundation and the Cancer Research Campaign.

Medical Research Council

The Medical Research Council's arrangements for the promotion of research include investigations by members of its scientific staff mostly working in its establishments, short-term (usually three-year) grants for workers in universities, hospitals and other institutions, long-term grants (five years or longer) in university departments and block grants to independent institutions.

The council's main research establishments are the National Institute for Medical Research at Mill Hill, London, and the Clinical Research Centre at Northwick Park, London; the latter is combined with a district hospital so that the research activities are integrated as far as possible with the service functions of the hospital. The council also has some 65 research units mostly located in universities, medical schools and hospitals. Research work is also undertaken overseas—there are units in The Gambia and Jamaica.

ENVIRONMENTAL HEALTH

Environmental health officers employed by local government authorities are responsible for the control of air pollution and noise, the inspection of offices, the investigation of unfit housing, and refuse collection and disposal. Administrative doctors employed by the health authorities advise local authorities on the medical aspects of environmental health. They may also assist the water authorities responsible for water supply and sewerage. Environmental health officers are also employed at ports and airports where they are concerned with shipping, inspection of imported foods, and health and disease control.

One of the main concerns of environmental health officers is food safety. Premises where food or drink is prepared, handled, stored or sold must conform to certain hygiene standards. Officers have the power to inspect food and food businesses. If conditions are unhygienic, the person concerned may be prosecuted. Penalties can include fines and/or a court order closing the

business until the faults have been remedied. Health officers may take samples of food on sale for analysis or bacteriological examination.

Control of Infectious Diseases

The health authorities have general responsibility for the prevention of disease and co-operate with the environmental health services. The area health authorities and health boards carry out planned programmes of voluntary vaccination and immunisation against diphtheria, measles, rubella (females only), poliomyelitis, tetanus, tuberculosis and whooping cough. Such protection is given in family doctors' surgeries, health centres or at child health clinics.

The Public Health Laboratory Service provides a network of bacteriological and virological laboratories throughout England and Wales which conduct research and assist in the diagnosis, prevention and control of epidemic diseases. Diagnostic services are available for hospitals, family doctors and environmental health officers.

Specialist diagnosis is given in 16 reference laboratories which investigate suspected outbreaks of infection. A weekly report on communicable diseases is sent to laboratories, environmental health officers, medical officers for environmental health, the Department of Health and Social Security, veterinary workers and some agencies overseas. The service has a surveillance centre, opened in 1977, which investigates, controls and monitors human communicable diseases.

In Scotland bacteriological work is done mainly in hospital laboratories. In Northern Ireland a central public health laboratory shares bacteriological work with hospital laboratories.

HEALTH EDUCATION

Health education is an important part of the preventive health services. The health authorities arrange local campaigns, lectures and displays of publicity material. Much is also done by doctors, dentists, health visitors, midwives, nurses and pharmacists. In addition, group health education is often undertaken, for example, with expectant mothers and parents of young children and in anti-smoking, cervical cytology and obesity clinics.

The Health Education Council runs national campaigns of health education in England, Wales and Northern Ireland and co-operates with the health authorities. The council publishes leaflets, posters and journals. Among its main concerns are campaigns concerning family planning, and the dangers of cigarette smoking. In Scotland central health education services are the responsibility of the Scottish Health Education Unit. Both the council and the unit are largely financed by the Government.

PRIVATE MEDICAL TREATMENT

Although practically all residents in Britain use the National Health Service, some people prefer to pay for private consultations and treatment. Among the major users are the families of subscribers to provident schemes which provide private health care in return for annual subscriptions. Family

practitioners are free to take private patients. Consultants employed part-time in NHS hospitals are free to treat private patients in their private consulting rooms or in private hospitals; under this arrangement most of their time is spent working for the NHS and the remainder devoted to their private practice. Some consultants work entirely for their private practice and many work full-time for the NHS.

THE HEALTH PROFESSIONS

Professional standards in the health professions are maintained by the practice of registration as only those people on the medical and dental registers may practise as doctors and dentists in the NHS. The registering bodies lay down the appropriate training and experience required for admission to the register. The minimum qualification for a doctor requires five or six years' training in medical school and teaching hospital; full registration is obtained after a further year in approved hospital posts. For a dentist four or more years at a dental school are required. The registering and governing body of the medical profession is the General Medical Council and that of the dentists is the General Dental Council.

Dental auxiliaries (who undergo a two-year training course) and dental hygienists (who undergo a nine-month course) may carry out some simple dental work under the direction of a registered dentist.

The minimum period of hospital training required to qualify for registration as a nurse is normally three years. Training may be in general, sick children's, mental or mental subnormality nursing. An enrolled nurse takes a two-year course. After experience as a qualified nurse, specialised courses are available. The examining bodies of the nursing profession in England and Wales and in Scotland are the General Nursing Councils; midwives must have the certificate of the appropriate Midwives Board. In Northern Ireland nurses and midwives must have the certificates of the Northern Ireland Council of Nurses and Midwives. Health visitors are registered general nurses who have undergone at least the first part of the midwifery course or obstetric nursing before taking a year's course in health visiting promoted by the Council for the Education and Training of Health Visitors. District nurses are state registered or state enrolled nurses, the majority of whom have undertaken additional training.

Pharmaceutical chemists have to be registered with the Pharmaceutical Society of Great Britain or, in Northern Ireland, with the Department of Health and Social Services. Registration requires a three- or four-year first degree course plus one year's pre-registration experience working under the supervision of a pharmacist. Dispensing of doctor's prescriptions can be carried out only by, or under the supervision of, a registered pharmaceutical chemist.

The General Optical Council regulates the professions of ophthalmic optician and dispensing optician. Only registered ophthalmic opticians and registered ophthalmic medical practitioners may test sight. Training of ophthalmic opticians takes four years including a year of practical experience under supervision. Dispensing opticians may take a two-year full-time course with a year's practical experience or a part-time day-release course while employed with an optician.

State registration is also obtainable by chiropodists, dietitians, medical laboratory technicians, occupational therapists, orthoptists, physiotherapists, radiographers and remedial gymnasts. The registering bodies are eight boards, corresponding to the eight professions, under the general supervision of the Council for Professions Supplementary to Medicine. A professional training lasting 2–4 years is needed to qualify for registration. Only registered members may be employed in the NHS and the State social services.

PERSONAL SOCIAL SERVICES

RESPONSIBILITY for personal social services rests with the social services authorities (local authority social services departments in England and Wales, social work departments in Scotland and health and social services boards in Northern Ireland). Many of their services are directed towards the same groups of people who make most demand on the health services, notably many elderly and disabled people. Other groups helped are young families with social problems, children deprived of a normal home life, the mentally disordered and young offenders. Close co-operation is maintained between the local and health authorities in England, Scotland and Wales.

The Personal Social Services Council advises ministers on policy issues and provides information and advice to all concerned with the personal social services in England and Wales, based on research projects or inquiries sponsored by the council. Its members are from local government, voluntary, educational and research bodies and professional organisations. There is cross-representation with the Central Health Services Council (see p 7) and the Central Council for Education and Training in Social Work (see p 18). Finance comes from central and local government. In Scotland there is an Advisory Council on Social Work and in Northern Ireland a Central Personal Social Services Advisory Committee.

Over £1,100 million was spent on personal social services in 1976.

Disabled People

Social services authorities have a duty to provide services for disabled people. In England, Scotland and Wales they are required to ascertain the number of disabled people in their area and to publicise services. A wide range of facilities may be available depending on the priority given by the authority to disabled people. The facilities may include advice on personal and social problems arising from disability, adaptations to people's homes (such as fitting ramps, ground-floor toilets and grab rails) and various aids to living. In some circumstances a telephone or a television set may be installed. Other services include social and occupational clubs, residential homes and the provision of outings and holidays. In addition some authorities make arrangements for the teaching of handicrafts and other occupations. Voluntary organisations also provide services for disabled people (see p 67).

Help available from other sources includes social security, health services, special education, employment and training services, and specially designed housing and means of access to public buildings.

A full account of services for disabled people is set out in COI reference pamphlet *Care of Disabled People in Britain*, R4972.

Elderly People

Services for elderly people at home are provided by social services authorities and voluntary bodies to help them live there for as long as possible. These include the advice and help of social workers, domestic help, sitters-in, night attendants and laundry services as well as day centres, clubs, recreational workshops and meals services. In many areas 'good neighbour' and friendly

visiting services are arranged by the local authority or voluntary organisations. In December 1976 the Government initiated the Good Neighbour scheme designed to encourage individuals to assist their needy neighbours by, for example, running errands or doing shopping. Many thousands of volunteers have participated in the scheme which the Government publicises by leaflets and stickers.

Social services authorities also provide residential accommodation for the elderly and infirm and have powers to register private homes and those run by voluntary organisations. In England, for example, there are about 2,500 homes which house about 1.5 per cent of the population over the age of 65.

As part of their responsibility for public housing, local authorities build flats designed for elderly people. Some of these blocks have resident wardens to help residents in the event of emergencies. Housing associations (see p 32) also build this type of accommodation.

A full account of services for elderly people is contained in COI reference pamphlet *Care of the Elderly in Britain*, R5858.

Mentally Ill and Mentally Handicapped People

Social services authorities have a duty to make arrangements for providing community services for mentally ill or mentally handicapped people and for prevention and after-care services. Recent developments in the treatment of mental illness, enabling patients either to be treated at home or be discharged from hospital more quickly once support is available in the community, are adding to demands for these services particularly social work support. Arrangements include training centres, day centres, social centres and a variety of residential care. Social workers help patients and their families to deal with social problems arising from mental illness or mental handicap.

Help to Families

Help and advice is made available through social workers or voluntary organisations to families facing special problems. Home help is given mainly to elderly people but others receiving it include handicapped people and pregnant women. Some authorities make some provision for the needs of unmarried mothers and their babies, but most contribute to the cost of work done by voluntary organisations.

Child Care

Child care is an important part of the personal social services. Day care for children is provided at day nurseries, and by part-time nursery groups, child minders and voluntary play-groups organised by parents.

Social services authorities are obliged to offer advice, guidance and assistance to families in difficulties in order to promote the welfare of children. The aim is to intervene at an early stage to diminish the need to receive children into care or bring them before a juvenile court.

Authorities have a duty to receive into their care any child under the age of 17 who has no parent or guardian or has been abandoned. This provision also applies to a child whose parents are unable to provide for him. This intervention is undertaken only if the authority is satisfied that it is in the

interests of the child. The child remains in care until the age of 18 unless he or she is discharged to the care of parents, other relatives or friends before that time. When taking a decision about a child in care, the authority has to give first consideration to the need to safeguard and promote the welfare of the child. Where children are in care, efforts are made to work with their families in order to enable the child to return home.

Children in England and Wales may be brought before a juvenile court if they are neglected or ill treated, exposed to moral danger, beyond the control of parents, not attending school or (if 10 years or over) have committed an offence. At the same time it must be shown that the child is in need of care or control which he is unlikely to receive unless a care or other relevant order is made by the court. Local authorities are responsible for undertaking, through social workers, inquiries and consultations with parents, schools and the police.

A child may be committed to the care of a local authority under a care order if the juvenile court is satisfied that he is in need of care or control (see p 61). As an alternative the court may issue a supervision order for a period of up to three years. Supervision is carried out by a social worker or a probation officer. In Northern Ireland the court may send the child to a training school (see p 62), commit him to the care of a fit person (which may include a health and social services board) or make a supervision order. In Scotland children's hearings, composed of people from the local community, have powers to impose compulsory measures of care on a child by means of a supervision requirement which can remain in force until he is 18 years old.

When practicable, children in care are boarded out with foster parents who receive an allowance to cover the cost of maintenance. If a foster home is not the most suitable place for a child or if a suitable foster home cannot be found, the child may be placed in a children's home, a voluntary home or other residential accommodation. Community homes for children in care in England and Wales comprise local authority and voluntary children's homes and homes with education on the premises; the latter provide long-term care usually for the more difficult children. In Scotland residential accommodation is also provided by local authorities and in Northern Ireland there are homes for children in the care of the health and social services boards.

Regulations regarding the conduct of community homes and registered voluntary homes are made by central Government. There are also regulations concerning the boarding out of children in care.

Adoption

Adoption of children is strictly regulated by legislation and some 17,600 adoption orders were made in England and Wales in 1976; the Registrars General keep registers of adopted children. Local authorities have the power to act as adoption agencies and, under the Children Act 1975, will be obliged to offer such a service once the Act is fully implemented. Adoption societies (over 70 societies arrange adoptions) must be registered with their local authority.

Adoptions of minors under the laws of most European and Commonwealth countries are recognised but this does not confer British citizenship on the adopted person.

Social Workers

The effective operation of the social services is dependent upon the availability of professionally qualified social workers trained in the methods of social work. Training courses in social work are provided by universities, polytechnics, and colleges of further education; their length depends upon previous educational qualifications and can last from one to four years. The Central Council for Education and Training in Social Work recognises social work courses and offers advice to people considering entry to the profession.

Professional social workers (including those working in the National Health Service) are employed by social services authorities. Others work in voluntary organisations or in the probation service (see p 55). Not all social workers employed by the authorities are professionally qualified and efforts are being made to increase the number of trained personnel.

SOCIAL SECURITY

THE SOCIAL SECURITY system consists of national insurance and industrial injuries benefits, child benefit and other non-contributory benefits available to certain groups regardless of income, war pensions, supplementary benefits and family income supplement. An account of the system is contained in COI reference pamphlet *Social Security in Britain*, R5455.

The Department of Health and Social Security administers social security in England, Wales and Scotland; within the department there is a Supplementary Benefits Commission responsible for the administration of the supplementary benefits scheme. In Northern Ireland social security is the responsibility of the Department of Health and Social Services which contains the Supplementary Benefits Commission for Northern Ireland. War pensions and welfare services for war pensioners are administered throughout the United Kingdom by the Department of Health and Social Security. Appeals relating to claims for the various benefits are decided by independent tribunals.

There are three kinds of benefit: those paid in return for contributions (retirement pension, sickness and unemployment benefit, invalidity benefit, widow's benefits, maternity benefits); non-contributory benefits (child benefit, attendance allowances and other benefits for disabled people, and pensions for people aged over 80); and supplementary benefit for people not in full-time work with incomes below specified levels. Family income supplement is payable to low wage earners in full-time work with children to support.

CONTRIBUTORY BENEFITS

Contributory benefits are paid for by contributions from individuals, by contributions of employers in respect of their employees, and by a contribution made by the Treasury.

Contributors and Contributions

There are four classes of contribution. Class 1 is paid by employed people and their employers, Classes 2 and 4 by self-employed people and Class 3 by voluntary contributors.

The employee's Class 1 contribution (which includes a small contribution towards the cost of the National Health Service) is 5.75 per cent of earnings up to £105 per week provided that these are at least £15 a week. The employer's contribution per employee is 8.75 per cent over the same earnings range and includes payments to the national insurance, redundancy and maternity pay funds as well as the NHS. The employer also pays an extra 2 per cent into the Exchequer. Employed married women and employed widows pay full contributions unless, before May 1977, they opted to pay a reduced contribution of 2 per cent. If they continue to pay the lower contribution they rely on their husband's, or late husband's, insurance for maternity grant, retirement pension at a lower rate, and death grant. Contributions are collected at source through the income tax 'Pay As You Earn' system.

Self-employed people pay a flat-rate Class 2 contribution of £2.66 a week (£2.55 for women) and also pay a Class 4 contribution amounting to 8 per

cent of net profits or gains between £1,750 and £5,500 a year. Before May 1977 self-employed married women and widows could choose whether or not to pay Class 2 contributions but since then all new contributors have been liable for Class 2 contributions.

Class 3 flat-rate contributions of £2.45 a week are paid voluntarily by people wishing to complete a contribution record to safeguard entitlement to retirement pension and some other benefits. Class 2 and Class 3 contributions are paid by stamps bought from a post office and affixed to a contribution card, or by direct debit of a bank or Post Office National Giro account.

Some people do not have to pay contributions. An employed person ceases to be liable for contributions at the age of 65 for a woman or 70 for a man; the employer, however, remains liable when the employee's earnings reach the lower earnings limit of £15. People retiring from work after reaching pensionable age (60 for women and 65 for men) do not pay contributions. Self-employed people with earnings below £845 a year may be excused payment of Class 2 contributions.

Benefits

Class 1 contributions cover the employee for retirement pension, unemployment and sickness benefit, invalidity benefit, widows' benefits, maternity benefits, death grant and child's special allowance. Industrial injuries benefits are payable to Class 1 contributors but there are no contribution conditions. All these benefits, with the exception of unemployment and industrial injuries benefits, are also covered by Class 2 contributions. The voluntary Class 3 contributions give entitlement to retirement pension, widows' benefits, maternity grant, death grant and child's special allowance.

For most benefits there are two contribution conditions. First, certain contributions have to be paid before benefit can be paid and, secondly, the full rate of benefit cannot be paid unless contributions have been paid or credited up to a specific level over a specified period. Special rules help a widow who does not become entitled to a widow's pension at widowhood, or when her children have grown up, to qualify for sickness and unemployment benefit in the period before she can have established or re-established herself in insurance through her own contributions; there are also provisions to help a divorced woman who was not paying contributions during her marriage.

Social security benefit rates are revised annually to take account of inflation. The November 1977 rates of the main contributory national insurance benefits are set out below.

<i>Benefit</i>	<i>Amount</i>
Retirement pension ..	£17.50 for a single person and £28 for a married couple.
Unemployment or sickness benefit	£14.70 plus £9.10 for an adult dependant and £4.50 for each child inclusive of child benefit (see p 22). Payable for up to one year in any one spell of unemployment (spells which are 13 weeks or less apart

count as one spell). Sickness benefit is payable for up to 28 weeks. Earnings-related supplement payable where applicable.

Invalidity pension	..	£17.50 plus £10.50 for a wife and £8.40 for each child inclusive of child benefit. Payable when sickness benefit ends if the beneficiary remains incapable of work.
Widow's allowance	..	£24.50 for first 26 weeks of widowhood; £8.40 for each child inclusive of child benefit. Earnings-related addition payable where applicable.
Widowed mother's allowance		£17.50 weekly plus £8.40 for each child, inclusive of child benefit.
Widow's pension	..	If widow over 50 when husband dies, £17.50. Less for widows aged 40-50.
Maternity grant	..	£25 for each living child born and for a stillborn child if the pregnancy lasts at least 28 weeks.
Maternity allowance (for working women paying standard rate contributions)		£14.70 payable normally for 18 weeks. Earnings-related supplement payable where applicable. Under the Employment Protection Act, women workers are entitled to six weeks' paid maternity leave if they intend to return to work.
Death grant	Maximum of £30 is payable on death. Less is payable for a child.
Child's special allowance		£8.40 inclusive of child benefit. Payable to a woman whose marriage has been dissolved or annulled and who has not remarried, if the former husband dies and if he was contributing to the support of the child.

The earnings-related supplements to unemployment and sickness benefit, widow's allowance and maternity allowance are based on earnings in the previous income tax year. They cannot raise the total benefit, including increases for dependants, beyond 85 per cent of the average weekly earnings on which the supplement is based. The supplement is payable for a maximum of six months.

New State Pension Scheme

From April 1978, there will be a new State pension scheme under which retirement, invalidity and widow's pensions will become earnings-related and protected against inflation. The purpose of the scheme is to provide improved benefits. The new pension will have two parts—a basic pension equivalent to the present flat-rate pension and an additional pension. Rights to additional

pension will build up year by year over a 20-year maturity period, finally reaching 25 per cent of a person's weekly earnings between a lower earnings limit (now £15) and an upper earnings limit (now £105). Women earners will receive the same benefits as men with the same earnings; their rights to basic pension will be safeguarded during years of home responsibility provided that they have 20 years of contributions paid during their working lives. A married man with average earnings will qualify for a combined pension for himself and his wife worth more than half his pay. Employers providing approved pension schemes for their staff will be able to contract their employees out of part of the State scheme and pay a lower contribution to it; under this arrangement the employer will be responsible for providing the additional pension. Pension rights earned under the former graduated scheme between 1961 and 1975 will be protected against inflation for the first time.

Industrial Injuries Benefits

The industrial injuries scheme provides benefits for personal injuries caused by accidents arising from employment and for prescribed diseases due to the nature of employment. It covers practically everyone liable to pay Class 1 contributions but there are no contribution conditions for benefit. The November 1977 rates are set out below.

<i>Benefit</i>	<i>Amount</i>
Injury benefit	£17.45 a week plus £9.10 for an adult dependant and £4.50 for each child inclusive of child benefit. Payable for up to six months if beneficiary is incapable of work.
Disablement benefit ..	Payable when injury benefit stops. Ranges from £28.60 a week for 100 per cent disablement to £5.72 for 20 per cent disablement; a gratuity is paid for disablement of less than 20 per cent. Supplements to benefit may include unemployment supplement, exceptionally severe disablement allowance, special hardship allowance, and hospital treatment allowance.
Widow's benefits ..	£24.50 for first 26 weeks of widowhood plus £8.40 for each child inclusive of child benefit. Also earnings-related supplement if widow entitled to national insurance widow's allowance. After 26 weeks, £18.05 a week payable if widow aged 50 or over, has dependent children or fulfils certain other conditions; otherwise she receives £5.25.

NON-CONTRIBUTORY BENEFITS

Child Benefit

Child benefit became payable in April 1977 and replaced family allowances. Income tax allowances for children are being phased out gradually and their

value transferred to tax-free child benefit payable to the mother for all children. The current rate of benefit is £1 for the first child (£1.50 for single-parent families) and £1.50 for every other child. In April 1978 benefit will be raised to £2.30 for each child (£3.30 for the first child of a single-parent family). Benefit is payable for children under the minimum school-leaving age of 16 and for those under 19 if they are in full-time education or are apprentices with low earnings; benefit is not payable for students under 19 on advanced courses (see p 38).

Guardian's Allowance

Guardian's allowance is a weekly benefit of £7.40 payable to a person entitled to child benefit who has in his or her family a child who has lost both parents; one of the parents must either have been born in Britain or must have satisfied a residence condition.

Retirement Pensions for People over 80

A pension of £6.55 for a married woman and £10.75 for any other person (including an age addition of £0.25) is payable (subject to conditions of residence in Britain) to people over 80 years old who have not qualified for a contributory retirement pension.

Benefits for Disabled People

An attendance allowance of £14 weekly is payable to severely disabled people requiring a great deal of attention by day and at night. A lower rate of £9.30 may be paid to those who need help either by day or at night. An invalidity pension of £10.50 is payable to people of working age unable to work and not qualifying for the contributory invalidity pension; from November 1977 it is being paid to disabled housewives incapable of work and unable to perform their normal household tasks. A weekly invalid care allowance of £10.50 is payable to people (aged between 16 and pension age) who cannot go out to work because they are caring for a severely disabled relative receiving an attendance allowance.

In addition the Government is introducing (over a three-year period which started in 1976) a mobility allowance of £7 a week for severely disabled people aged between five and pension age who are unable, or virtually unable, to walk and are likely to remain so for at least 12 months. The allowance aims to assist severely disabled people in their transport costs. This is unlike the previous system when mobility help depended on ability to drive a motorised vehicle.

WAR PENSIONS

The war pensions scheme is administered throughout the United Kingdom by the Department of Health and Social Security. Pensions are payable to people disabled as a result of service in the armed forces or from injuries received in the merchant navy or civil defence during war-time.

The November 1977 basic pension for 100 per cent disablement for a private soldier is £28.60 a week, but the amount varies according to rank and

the degree of disablement. The latter is assessed by comparing the condition of the disabled person with that of a normal healthy person of the same age and sex. Allowances for a wife and children are paid in addition to basic pension. The wide range of supplementary allowances may include those for unemployability (£18·60 a week), constant attendance (up to £11·40 and, exceptionally, £22·80 a week), comforts (£2·45 or £4·90 a week), and lowered standard of occupation (up to £11·44 a week). An age allowance of between £2 and £6·20 a week is payable to disablement pensioners aged over 65 with an assessment of 40 per cent or more.

Pensions are also payable to widows and orphans. The standard rate of pension for widows of private soldiers is £22·70 a week, with additional allowances for their children and, in certain cases, a rent allowance (up to £8·60 a week). There is an additional allowance of £2·20 for widows aged 65 which is increased to £4·40 at the age of 70. Parents or other relatives dependent on a person whose death results from service in the armed forces may receive pensions if they are in financial need.

The Department of Health and Social Security maintains a welfare service for war pensioners, war widows and war orphans. It co-operates with many voluntary and ex-Service organisations who give financial aid and personal service to disabled ex-Servicemen and women and their families.

SUPPLEMENTARY BENEFITS

Every person aged 16 or over who is not in full-time work and whose resources are insufficient to meet his or her needs may be entitled to supplementary benefit. It is not awarded to people attending school or for people involved in a trade dispute; dependants of strikers, however, are covered. In Northern Ireland a residence condition must also be satisfied. The benefit takes the form of a supplementary allowance for people under the minimum retirement age and supplementary pension for those over. Benefit is the amount by which a person's requirements exceed his or her available resources, both being defined by rules approved by Parliament.

The calculation of requirements is based on different amounts for single people and family groups (for blind people there are special higher amounts) with, in each case, an addition for rent. A higher long-term scale of requirements is used for retirement pensioners and for people who have received benefit for more than two years without having to sign on for work. Additions can be made for special dietary or heating requirements. A single payment of benefit may be made to meet an exceptional need.

Most social security benefits are taken into account in full when resources are calculated. Part of most other income (including part-time earnings), disablement benefit and war widow's pension is ignored, as is the capital value of an owner-occupied house or capital resources of less than £1,250.

Payment of a supplementary allowance to an able-bodied person of working age may be conditional on registering for employment at an unemployment benefit office.

The Supplementary Benefits Commission, which administers the scheme, also has a duty to help people without a settled way of living to lead a more normal life. It provides temporary accommodation in 21 reception centres

and there are 17 re-establishment centres (three of which have residential accommodation), where they are given help to fit them again for work.

Family Income Supplement

Family income supplement is a cash benefit for families (including single parents) with low incomes where the head of the family is in full-time work and there is at least one dependent child. It is payable when the family's gross weekly income falls below a prescribed amount fixed at £43·80 a week where there is one child plus £4 for each additional child. The weekly rate of the supplement is half the difference between the family's income and the prescribed amount up to a maximum of £9·50 for a one-child family plus £1 for each additional child.

SOCIAL SECURITY AGREEMENTS WITH OTHER COUNTRIES

The European Community regulations on social security, framed to protect the benefit rights of people moving within the Community, apply to most United Kingdom nationals resident within the Community. People covered by the regulations are entitled to benefit under the social security arrangements of any Community country, and Gibraltar, where they are working or visiting, on the same basis as nationals of that country. There are some bilateral reciprocal agreements between the United Kingdom and individual member states which apply to people outside the scope of the regulations.

Other reciprocal agreements exist between the United Kingdom and some non-Community countries. Agreements on child benefit and most national insurance benefits are in operation with Australia, Austria, Finland, Jersey and Guernsey, New Zealand, Norway, Spain, Sweden, Switzerland and Yugoslavia. Agreements with Cyprus, Israel, Malta and Turkey cover industrial injuries and most national insurance benefits. There are limited agreements with Bermuda, Canada, Jamaica, and the United States.

OTHER WELFARE BENEFITS

In addition to social security benefits, there are several others for people with low incomes. These may include legal aid and assistance (see p 63), rent rebates and allowances (see p 30), free school meals (see p 38) and exemption from health service charges (see p 5).

CRIMINAL INJURIES COMPENSATION SCHEME

The Criminal Injuries Compensation Scheme provides *ex gratia* compensation to victims of crimes of violence and people hurt as a result of attempts to arrest offenders and prevent offences. It is administered by a board consisting of legally qualified members appointed by the Home Secretary and the Secretary of State for Scotland after consultation with the Lord Chancellor. Compensation, which is assessed on the basis of common law damages and usually takes the form of a lump sum payment, has totalled some £31 million since the scheme was established in 1964. A review of the scheme is in progress with a view to putting it on a statutory basis.

The scheme does not apply to Northern Ireland where there is statutory provision in certain circumstances for compensation from public funds for criminal injuries caused to people and also for malicious damage to property. Compensation for property damage includes losses of profits arising from the damage.

HOUSING

THE MAIN objectives of Government housing policy are to secure a decent home for every family at a price within its means, and to ensure fairness between one citizen and another in giving and receiving help towards housing costs. The Government is concerned to ensure that the best use is made of the existing housing stock and special emphasis is placed on gradual renewal rather than clearance and on building for smaller households to match the changing demographic pattern.

Particular attention is paid to the problems of areas of housing stress and to housing policies designed to assist the regeneration of inner cities.

A comprehensive housing policy review was completed in 1977 and consultative documents were issued: one for England and Wales and one for Scotland (see Reading List p 78).

Although public expenditure provision for housing has had to be controlled in recent times, the expenditure programme is still substantial, standing at £4,000 million a year.

For more detailed information on housing, see COI reference pamphlet *Housing in Britain*, R5875.

HOUSING CHARACTERISTICS

There are over 20·5 million dwellings in Britain: nearly 17·2 million in England, 1 million in Wales, 1·9 million in Scotland and nearly 500,000 in Northern Ireland. Although nationally the number of dwellings is slightly larger than the number of households, there continue to be shortages in certain areas; while, because of changing social habits, the houses available may not always be of the type in demand.

Houses are much more common than flats. At the time of the most recent General Household Survey, in 1974, some 77 per cent of households in England, Scotland and Wales occupied a whole house; 22 per cent lived in flats, including some in maisonettes or rooms; and the rest in accommodation rented with business premises or mobile homes such as caravans.

Over half of all dwellings are owned by their occupiers, nearly a third are rented from public housing authorities, and most of the remainder are rented from private landlords. There are variations, however, in the distribution of tenure between the different countries of Britain—in Scotland more than half the dwellings are rented from public authorities—and in different regions and areas of those countries. Private rented accommodation is generally more common in the central districts of large towns, while owner-occupation is more frequent in their outer suburbs and in country areas.

New house construction is undertaken by both public and private sectors. Of the 314,600 dwellings completed in England, Scotland and Wales in 1976 some 48 per cent was provided by private interests, 47 per cent by public authorities, and 5 per cent by voluntary housing associations and societies. Public housing authorities provide dwellings mainly for renting while private interests build mainly for sale to owner-occupiers. The construction of private dwellings to rent has dwindled to a very low level.

Over 9 million new dwellings have been built in Britain since 1945 and more than two families in every five now live in a post-war dwelling. There remain a large number of older dwellings, some of which have been kept in good repair and modernised, but many others—particularly in the centres of cities—are unsatisfactory by modern standards. The demolition of slum dwellings, improvement of sub-standard houses and more advanced standards for new house building (particularly in the public sector) have led to significant improvements in the quality of housing.

ADMINISTRATION AND RESEARCH

Responsibility for formulating housing policy and supervising the housing programme is borne by the Secretary of State for the Environment in England and by the Secretaries of State for Scotland and Wales.

In England, Scotland and Wales most of the public housing is provided by 459 local housing authorities, which are responsible for ensuring that the supply of housing in their areas is adequate. The authorities are: in England and Wales (outside London) the district councils; in London, the Greater London Council, the London borough councils and the Common Council of the City of London; and in Scotland, the district and islands councils. Other public housing authorities are the new town authorities, the Scottish Special Housing Association, which was established in 1937 to supplement building by local authorities in Scotland, and the Development Board for Rural Wales.

The central Government departments specify certain standards for the construction and equipment of all new dwellings and these are enforced by the local authorities. Subsidies are made available to the authorities to assist them with housing costs, and guidance is given on design and layout.

Local authorities are involved in many other aspects of housing policy, such as the payment of house renovation grants and the implementation of housing renewal programmes. A growing number are establishing housing advisory centres to provide information on most aspects of housing.

The housing policy review (see above) concluded that housing should no longer be considered as a national problem, but rather as a series of local problems needing attention area by area. It proposed a new role for local authorities in developing four-year housing strategies and investment programmes, in partnership with building societies, housing associations and the building industry. The objective would be to achieve a more flexible and sensitive approach in determining local priorities and ensuring that resources go where they are most needed. These new arrangements would include both public and private sectors; it is proposed that they be introduced in 1978–79.

Housing policy in Northern Ireland is the responsibility of the Northern Ireland Department of the Environment, and the Northern Ireland Housing Executive is responsible for the provision and management of all public authority housing and for dealing with unfit housing, whether publicly or privately owned. The executive is helped and advised by the Northern Ireland Housing Council representing all district councils.

Research into building materials and techniques, as well as into the social, economic and design aspects of housing, is undertaken within the Department

of the Environment. It is carried out by the Building Research Establishment of the department's research directorate as well as by the directorates of economics, statistics and housing development. The Research and Development Group of the Scottish Development Department also undertakes research. Sponsored work is carried out in universities and local authorities may also have housing research programmes. The Government is advised on the need for, and application of, research and development by the Construction and Housing Research Advisory Council. Advice on ways of increasing productivity in house building is also provided by the National Building Agency.

HOME OWNERSHIP

In 1976 nearly 155,000 private sector dwellings were completed in England, Scotland and Wales, almost all of which were intended for owner-occupation. The number of people owning their own houses has more than doubled in the last 20 years, and the 11 million owner-occupied dwellings in Britain account for over half of the total housing stock.

Mortgage Loans

Loans to enable people to buy their own houses by a system of instalment purchases are available from various sources, including building societies, insurance companies, industrial and provident societies and local authorities. Local authority mortgage lending has been sharply reduced (from £636 million in England and Wales in 1975 to £152 million in 1976) and building societies, the most important of the lending agencies, have agreed with the Government to fill the gap by accepting a proportion of applications from people nominated by local authorities.

Building societies do not build houses, but provide long-term loans on the security of property bought for owner-occupation. They usually advance up to 80 per cent of their valuation of a house, but it is possible to borrow up to 100 per cent with the help of an appropriate guarantee. Loans are normally repayable over periods of 20 or 25 years (up to 30 or 35 years in certain circumstances) by equal monthly instalments to cover capital and interest. The average price in Britain of all houses mortgaged to building societies in 1976 was about £12,700; houses in London and the south-east of England cost some 22 per cent more than the national average. In 1976 the societies advanced some £6,134 million.

Owner-occupiers are entitled to tax relief on their mortgage interest payments arising on up to £25,000 of their mortgages (on one house only), and in 1976-77 this amounted to about £1,100 million. An alternative form of assistance is the option mortgage scheme, designed to help those with smaller incomes. It allows the borrower to receive, instead of tax relief, a subsidy which has the effect of reducing the rate of interest on the loan. Assistance under this scheme in England, Scotland and Wales amounted in 1976-77 to £136 million. There is an associated option mortgage guarantee scheme, whereby mortgage loans of up to 100 per cent of the valuation of a house (not exceeding £14,000) may be made to those participating. Other ways of helping people with lower incomes to become owner-occupiers

include a scheme which allows those buying homes for the first time, subject to certain conditions, to defer part of their mortgage payments in the first five years until the eleventh and subsequent years; and 'half and half' schemes, recently pioneered by some local authorities, under which initially a mortgage is required for only half the value of a house and a rent is paid in respect of the other half. The Government propose to introduce legislation providing for new 'savings bonus and loans' schemes to help first-time house-buyers. These would include an element of bonus, related to savings, payable at the time of house purchase, and a loan of up to £500, interest-free for the first five years.

Building Standards

For building in the private sector the National House Building Council sets standards and enforces them by inspection and certification. Almost all new private houses are covered by the council's scheme which carries a ten-year guarantee against major structural defects. A two-year guarantee is also given against faulty workmanship. Most lenders will not grant mortgages on a new house unless it is covered by a certificate from the council.

PUBLIC SECTOR HOUSING

Public sector housing authorities own some 6.6 million houses and flats, and in 1976 completed over 147,000 new dwellings. The number of homes owned by each authority varies widely, some having a stock of well over 100,000.

Finance

Local authorities in England, Scotland and Wales meet the capital costs of new house construction by raising loans on the open market or by borrowing from the Public Works Loan Board. Current expenditure, including maintenance and management costs and loan interest and repayments, is met from rents, supplemented by subsidies from the Government and (particularly in Scotland) from the rates. Local authorities are required to charge their tenants reasonable rents (which keep a balance between the interests of tenants and ratepayers) without making a profit. Subsidies for public housing in England during 1976-77 totalled £1,233 million (including rent rebates, payable to poorer tenants to assist in meeting rents of accommodation suited to their needs). Supplementary subsidies are available to assist local authorities with slum clearance.

In Northern Ireland, under a new system of housing finance, the Department of the Environment makes an annual grant to the Housing Executive based on the difference between the executive's expenditure (as on loan charges, management and maintenance) and income (from rents). The executive's capital programmes for new building, redevelopment, restoration and modernisation and lending for house purchase are subject to the department's approval, within approved public expenditure figures. There is a rent rebate scheme to help poorer tenants.

Tenants

In selecting tenants for new or vacant dwellings, local authorities normally give preference to families living in overcrowded or unsatisfactory conditions,

but they are free to allocate homes according to their own schemes. Authorities normally establish waiting lists and treat applicants (outside priority categories) in order of application; some require applicants to fulfil residence qualifications before they are accepted on waiting lists.

Construction and Design

Although a number of authorities employ direct labour to build houses, most building is undertaken by private firms under contract. Some authorities work in consortia to make the best use of industrialised systems.

Dwellings are constructed to meet the needs of different sizes of household. More than a quarter are of the single bedroom type suitable for smaller households including the elderly, but the majority are designed for families and have two or three bedrooms, one or two living rooms and a kitchen, bathroom and lavatory. Public housing in Britain is built to a high minimum standard. In England and Wales, for example, some 89 per cent of new houses built for local authorities in 1975 had central heating, and the average floor area of houses to accommodate five people was 88·6 square metres (954 square feet); the average building cost was £7,984.

PRIVATELY RENTED HOUSING

During the last quarter of a century there has been a steady decline in England, Scotland and Wales in the number of rented dwellings available from private landlords (including tied accommodation)—from nearly 52 per cent of the housing stock in 1951 to about 15 per cent (3 million) in 1976. Major factors in this decline have been the increased demand for owner-occupation, the greater availability of public rented housing and the operation of rent restriction. Privately rented dwellings form a high proportion of Britain's older housing, most landlords being individuals with limited holdings; some rented housing is provided by larger property owners, including property companies.

Most privately rented dwellings are subject to rent restriction. Tenants have a wide degree of security of tenure and eviction from any dwelling (without a court order) and harassment of occupiers are serious offences. Tenants with low incomes and/or high rents are eligible for assistance with their rent under a national scheme of rent allowances which is operated by local authorities and financed mainly by Government subsidies.

There are three forms of rent restriction: control, regulation, and the fixing of a reasonable rent by a rent tribunal. Controlled rents (which apply to dwellings of low rateable value where the tenant has lived continuously since before 1957) are fixed, and may be increased only to an extent which reflects expenditure by the landlord on improvements and repairs. However, if a controlled dwelling reaches a satisfactory standard the landlord may transfer it to the alternative system of rent regulation, which applies generally to privately rented accommodation other than in the luxury or near-luxury class, except for accommodation where the landlord lives on the same premises. In a regulated tenancy a 'fair rent' is fixed by independent rent officers, at the request of the landlord, the tenant, or both; if the rent officer's decision is objected to by the landlord or the tenant it is referred to a rent

assessment committee. Once fixed, the rent is registered and is not normally reviewed for at least three years. Since the system was introduced by the Rent Act of 1965 (and extended in 1974 to furnished accommodation let by non-resident landlords), 800,000 fair rents have been registered.

The third form of rent restriction applies to tenants with resident landlords and tenants of a few other types of furnished accommodation, who may refer their tenancy agreements to a rent tribunal for determination of a reasonable rent. Tribunals may grant tenants security of tenure for up to six months with a possibility of further periods.

HOUSING ASSOCIATIONS AND SOCIETIES

Since the early 1960s the Government has encouraged the growth of non-profit-making housing associations and societies, which between them own nearly 300,000 dwellings in England, Scotland and Wales; some 16,000 were completed or acquired in 1976.

Voluntary housing associations, set up to provide low-rent accommodation for people in need, fulfil an increasingly important housing function. There is a National Federation of Housing Associations, of which 2,200 associations are members. A Northern Ireland committee of the federation encourages the development of housing associations in Northern Ireland. A separate Scottish Federation of Housing Associations covers 124 housing associations operating in Scotland.

In order to qualify for Government financial assistance in their house-building operations, associations and societies are required to register with the statutory Housing Corporation. A register was opened in 1975 and contains details of more than 2,000 associations. Rented dwellings owned by housing associations come within the fair rent and rent allowance schemes.

In 1976 the Government accepted the recommendations of a working party which advocated the encouragement of alternative forms of tenure on local authority estates and within the housing association sector, in order to give occupiers a greater stake in the ownership and management of their homes. The Housing Corporation is engaged in a pilot programme including co-ownership and community leasehold schemes. The corporation has set up a specialised unit, known as the Co-operative Housing Agency, to advise, assist and finance housing co-operatives (schemes of collective ownership and management).

IMPROVEMENT OF HOUSES

Modernisation and conversion of substandard housing, with the help of grants from public funds, has increasingly been encouraged as an alternative to clearing and rebuilding and as a way of preserving a social environment and of making more economic use of resources. This policy of improvement rather than redevelopment has been reinforced by the Government's decision to give priority to inner city regeneration. Financial assistance is available for the improvement of individual dwellings or of whole areas of older housing.

Since renovation grants were first introduced in 1949 some 3.3 million dwellings in England and Wales and (since 1950) 440,000 in Scotland have

been improved with their aid; in 1976 house renovation grants were approved for over 168,000 dwellings.

There are four types of renovation grant: improvement grants for carrying out improvements to a high standard or for conversion into flats; intermediate grants for the provision of standard amenities and associated repairs; special grants (not available in Scotland) for providing standard amenities in houses of multiple occupation; and repairs grants, which are at present available only in 'housing action areas' and 'general improvement areas' (see below). The amount of the award depends on the location of the dwelling: up to 75 per cent (sometimes 90 per cent) of the eligible expense in housing action areas; 60 per cent in general improvement areas; and 50 per cent elsewhere. A Government contribution amounting to 75 per cent (90 per cent in housing action and general improvement areas) of each grant is paid to the local authority.

In order to tackle systematically the improvement of whole areas of older housing, local authorities in England and Wales have powers to declare 'general improvement areas'. The aim in these areas is to encourage owners to improve their dwellings with the aid of grants, while the local authority uses its comprehensive powers to improve the environment. The Government contributes half the local authority's expenditure on environmental improvements on costs of up to £200 a dwelling. In places of special housing stress, local authorities are empowered to declare 'housing action areas' in which preferential rates of renovation grant are payable for the improvement of houses to a given standard. In both general improvement areas and housing action areas compulsory powers are available to local authorities. By the end of March 1977 there were 1,086 general improvement areas and 212 housing action areas in England and Wales. There are broadly similar arrangements in Scotland, where, however, the term 'general improvement area' is not used and where the 'housing action area' powers are available for areas in which at least half the houses fail to meet prescribed physical standards.

In Northern Ireland about 40 per cent of the total stock of some 460,000 dwellings are in need of repair and improvement and many of the 25,000 houses damaged in civil disturbances have been left unoccupied. The worst affected area is the inner city of Belfast. A series of new measures, similar to those introduced in England and Wales, was brought into force in 1976, providing for the designation of housing action areas and for priority to be given to improvement and rehabilitation in these areas. In February 1977 a £130 million special programme for the rehabilitation of the inner area of Belfast, with emphasis on housing renewal, was announced.

SLUM CLEARANCE

In urban areas slum clearance and redevelopment have been major features of housing policy. Since the mid-1950s about 3·3 million people have been rehoused in England and Wales as a result of slum clearance programmes and during 1976 over 48,000 houses were demolished or closed. Clearance of 'irredeemable' slums is now almost at an end and greater emphasis is placed on renewal and modernisation wherever possible.

Local authorities receive special financial assistance from the Government. In England and Wales this is payable if they incur a loss on slum clearance operations; in Scotland a subsidy is paid as a proportion of approved expenditure.

Housing authorities are obliged to see that other accommodation exists, or can be provided by them, for people displaced by slum clearance. Owners of land compulsorily acquired during slum clearance programmes receive as compensation either the full market value, or, if the land consists of unfit houses, a sum based on the value of the cleared site; additional payments are, however, made to most owner-occupiers of unfit houses to bring their compensation up to market value.

EDUCATION

FULL-TIME education is compulsory throughout the United Kingdom for all children aged 5 to 16. Post-school education (which is voluntary) is available at universities, polytechnics, Scottish central institutions, further education colleges and in adult education classes.

Educational responsibilities are devolved in varying degrees to ministers of the four countries of Britain. The Secretary of State for Education and Science is responsible for all aspects of education in England, all post-school education in Wales, and for universities throughout England, Wales and Scotland. The Secretary of State for Wales is responsible for schools in Wales, while the Secretary of State for Scotland is responsible for all education in Scotland except universities. Plans have been announced for the transfer to the Secretary of State for Wales of ministerial responsibility in Wales for all non-university higher and further education, including adult education. Subject to the national allocation of resources and broad guidance, much of the responsibility for educational planning and administration rests with local education authorities. Education in Northern Ireland is administered separately by education and library boards acting as agents of the Northern Ireland Department of Education.

Every educational establishment has, within broad limits, great freedom to determine its own curriculum and the content of its courses. There is no nationally laid down curriculum or system of teaching.

SCHOOLS

There are over 11 million children at about 38,000 schools in Britain. Most receive free education financed from public funds, although a small proportion attend fee-charging independent schools.

Schools supported from public funds are of two main kinds in England and Wales: county and voluntary. County schools are provided and maintained by local education authorities wholly out of public funds. Voluntary schools have mostly been established by religious denominations and receive varying amounts of public finance according to type ('aided', 'controlled', and 'special agreement'). Each publicly maintained school has a body of managers or governors, some or all of whom are appointed by the local education authority. In Scotland most of the schools supported from public funds are known as public schools (in England this term is used for a type of independent school, see p 37). In Northern Ireland controlled schools managed by education and library boards and voluntary schools managed by school committees, boards of governors or individual managers are both grant-aided from public funds.

Nursery and Primary Schools

Facilities for informal education and play for children aged two to five are provided free in public sector nursery schools and the nursery classes of primary schools, and are also available for a fee in a few independent schools and a large number of 'pre-school playgroups' organised by voluntary

organisations or by groups of parents. Apart from children only just under five, the proportion of children aged two to four who attend public sector schools remains low (the supply of places being inadequate to meet demand); though overall numbers, particularly in part-time attendance, have been increasing very rapidly in recent years.

Compulsory education begins at five when children go to primary school. Most maintained primary schools are co-educational for boys and girls, and usually have less than 300 pupils. A significant number of education authorities in England and Wales have experimented with new age groupings which cut across the traditional division at the age of 11 between primary and secondary education. They have established 'first' schools for pupils aged 5 to 8 or 10 and 'middle' schools covering various age ranges between 9 and 14. In Scotland nearly all primary schools cover the age range from 5 to 12 years.

Secondary Schools

About 76 per cent of the maintained secondary school population in England and Wales and about 99 per cent of that in Scotland attend comprehensive schools which take pupils without reference to ability or aptitude and provide a wide range of academic and practical subjects. Most of the remaining children receive their secondary education in 'grammar' and 'secondary modern' schools to which they are allocated after selection procedures at the age of 11. Recent legislation for England and Wales is designed to hasten progress towards complete reorganisation along comprehensive lines.

Comprehensive schools in England and Wales can be organised in a number of ways: there are those that take the full secondary school age-range from 11 to 18; middle schools whose pupils move on to senior comprehensive schools at 12 or 13, leaving at 16 or 18; and schools with an age-range of 11 or 12 to 16 combined with a sixth-form college for pupils over 16. In Scotland most comprehensive schools are six-year (12 to 18) but there are some whose courses may extend to four years or less and from which pupils may transfer at the end of their second or fourth years to a six-year school.

In Northern Ireland there are grammar schools and secondary (intermediate) schools, to which pupils are allocated after a selection procedure at the age of 11. Some comprehensive-type schools exist; and in June 1977 the Government announced its intention of eliminating the selection procedure and of developing a fully comprehensive system.

Special Schools

Special education is provided for children who require it because of physical or mental disability either in ordinary schools or special schools (including hospital schools). Although it is Government policy to educate handicapped children in ordinary schools whenever practicable, there are some 1,800 separate special schools (both day and boarding) for several categories of disabled children. These are the blind, partially sighted, deaf, partially hearing, delicate (except in Scotland), educationally subnormal (mentally handicapped in Scotland), epileptic, maladjusted, physically handicapped, autistic and those suffering from speech defects. As many children have multiple handicaps, there is a growing tendency to relate educational provision to an assessment of their overall needs.

Independent Schools

There are over 2,400 non-maintained fee-charging schools in the United Kingdom. All have to be officially registered and be open to inspection. They are required to meet certain minimum standards as a condition of registration and failure to do so can lead to closure.

Some 470 independent schools are known as 'public schools', accepting pupils at 12 or 13 years of age usually on the basis of an examination. Most public schools are single sex (about half of them for girls); but there are some co-educational schools and certain boys' schools have begun to admit girls direct to their top forms. A number of preparatory schools prepare children for entry to the public schools.

Examinations

The content of curricula is largely a matter for individual schools, and teachers are not bound by official instructions on syllabuses, textbooks and teaching methods. Local authorities are being asked to review, with teachers, the curricula used in their schools to see that they are meeting modern needs. There is no national leaving examination but secondary school pupils may attempt examinations leading, in England and Wales, to the General Certificate of Education (GCE) and the Certificate of Secondary Education (CSE). The GCE is conducted at Ordinary and Advanced levels and is administered by independent examining bodies, most of which are connected with universities. Candidates taking the Ordinary level are usually about 16 years of age. The CSE is designed for pupils completing five years' secondary education and is normally taken at the age of 16. It is administered by regional examining boards consisting mainly of teachers.

Grade C in various subjects at GCE Ordinary level and the equivalent Grade 1 of the CSE are usually considered to be qualifications for entry to courses of further education and training. The GCE Advanced level examination is at the standard for entry to university and much professional training.

In Scotland pupils take the Scottish Certificate of Education (SCE) with Ordinary and Higher Grades, and there is a Certificate of Sixth Year Studies for pupils wishing to continue their studies beyond the SCE Higher Grade.

In Northern Ireland there are separate GCE and CSE examinations.

Teachers

Teachers in publicly maintained schools are appointed by local education authorities or school governing bodies or managers. There are about 535,000 teachers (including the full-time equivalent of part-time teachers) in such schools, and the overall pupil/teacher ratio is about 20 to 1.

School Building

Local education authorities and voluntary bodies are responsible, under the general supervision of the central Government departments, for building and maintaining schools. The central departments decide on the size and nature of the authorities' individual programmes in the light of national priorities.

Health and Welfare of School Children

The School Health Service (part of the National Health Service) provides for medical inspection of school children and for advice and treatment of specific medical and dental problems associated with children of school age.

Mid-day meals are provided by education authorities at a subsidised price (remitted for low income families). Free milk is given to children of 7 years or under and to some other pupils. Free transport to school is available under certain conditions.

POST-SCHOOL EDUCATION

Education for those who have left school is organised very flexibly. It is available to everyone above school-leaving age, is provided at all levels and may be part-time or full-time, vocational or non-vocational. Many courses lead to degrees, recognised professional and technical qualifications, or to qualifications similar to those obtainable before leaving school. In addition, there is an extensive programme of adult education organised by local authorities and other bodies.

Most establishments for post-school education are either maintained or assisted from public funds; where industrial training is provided by a college, the charges are the responsibility of the employer and broadly reflect the economic cost of provision.

Many full-time students are helped by awards from public funds. These awards are mandatory for students who are taking university first degree and other comparable advanced courses. They are assessed to cover tuition fees and a maintenance grant, but parents who can contribute towards the cost are required to do so.

Higher Education

Higher education includes postgraduate, first degree and similar level work and is provided at universities and on advanced courses at polytechnics and other major establishments of further education.

Universities

There are 44 universities in Britain, excluding the Open University, compared with 17 in 1945. The universities of Oxford and Cambridge date from the twelfth and thirteenth centuries, and the Scottish universities of St Andrews, Glasgow, Aberdeen and Edinburgh from the fifteenth and sixteenth centuries. All the others were founded in the nineteenth and twentieth centuries.

Admission to universities is by examination and selection, though there is no religious test and no colour, nationality or sex bar. Most students are undergraduates; of about 270,000 full-time students in 1975–76 some 50,000 were postgraduates. Just under a half of all students live in colleges or halls of residence, over one-third in privately rented accommodation and the remainder at home. The ratio of staff to students is about one to eight.

Courses in arts and science are offered in most universities, though some concentrate on technology whilst also offering courses in social studies, modern languages and other non-technical subjects.

Degree courses extend over three or four years though five or six years are required for some such as medicine and veterinary science. The first degree of Bachelor (Master in the arts faculties of the older Scottish universities) is awarded on the completion of a course and a satisfactory examination result. Further study of research is required for the degree of Master in most universities and at all universities for that of Doctor. A uniform standard of degrees is ensured by having external examiners on all examination boards.

Open University. The Open University is a non-residential university which provides part-time degree and other courses, using a combination of television and radio broadcasts, correspondence courses and summer schools. No formal academic qualifications are required to register for these courses, but the standards of its degrees are the same as those of other universities. Teaching began in 1971 and by 1977 some 55,000 students were following courses.

Teacher Training

Teachers in maintained schools must hold qualifications approved by the central Government education departments.

Until 1975 the majority of teachers in England and Wales qualified by taking a three-year course at one of some 150 colleges of education, so as to obtain a teacher's certificate.

In 1970 professional training at university education departments or at colleges of education became mandatory for all intending school teachers with degrees or certain other specialised qualifications (who before then were entitled to teach without further training).

Since 1975 a basic reorganisation of the system of teacher training in England and Wales has been started. All higher and further education outside the universities, including teacher training, is being assimilated into a common system. A number of colleges of education have been merged either with each other or with other further education colleges to form 'liberal arts' colleges or 'institutions of higher education'; some are to discontinue the initial training of teachers. In response to the continual decline in the birthrate and the prospect of a smaller school population, the Government plans to reduce the number of teacher training places available. As a first move towards a wholly graduate profession, three- and four-year degree courses incorporating educational studies are being developed.

In Scotland all teachers in education authority and grant-aided schools must be registered with the General Teaching Council for Scotland. All teachers of academic subjects in Scottish secondary schools must be graduates. Courses in colleges of education lead to the award of a Teaching Qualification (Primary Education) or Teaching Qualification (Secondary Education). Graduates and holders of specialist diplomas undergo a one-year course; courses in practical and aesthetic subjects for non-graduates extend to two, three or four years. Most Scottish colleges of education also offer four-year courses leading to the degree of Bachelor of Education.

In Northern Ireland teacher training takes place in the two university education departments, three colleges of education, the Ulster College and one technical college. The principal courses are three-year (certificate) and

four-year (Bachelor of Education), but there are also one-year courses for graduates or holders of other appropriate qualifications.

Increased importance is being given to the continued professional education of practising teachers—local authorities, universities and colleges providing a variety of in-service courses.

Other Advanced Courses

In England and Wales higher education outside universities and teacher training establishments is concentrated within 30 major national institutions known as 'polytechnics'. These provide all types of courses (full-time, sandwich and part-time) on a wide variety of subjects. In Scotland similar provision is made in 14 central institutions and a few further education colleges. In Northern Ireland such higher education provision is concentrated within the Ulster College.

Many students take courses leading to the awards of the Council for National Academic Awards. The council has power to award degrees and other academic qualifications to students who successfully complete approved courses of study. These courses range from science and technology to the arts, social studies, business studies and law; but the proportion of technological, business or other explicitly vocational courses tends to be much higher than in universities and the proportion of arts and language courses lower.

Vocational Courses

Further education and training, other than higher education, takes place at well over 700 colleges, and provides opportunities of study for those who were unable to continue full-time education after leaving school.

A wide variety of courses is available. Some provide training for young people in various trades and occupations, leading to appropriate qualifications after periods of up to five years. Others, of a more academic nature, lead to National Certificates and Diplomas awarded by joint committees representing teachers, education departments and appropriate professional bodies. These courses are normally at two levels, ordinary and higher. The Ordinary National Certificate (ONC) courses normally last two years part-time and are generally considered to approach the standard of the GCE Advanced level. The Ordinary National Diploma (OND) courses are the full-time counterparts of the ONC but involve wider and deeper study. Higher National Certificate (HNC) and Higher National Diploma (HND) courses are similarly part-time and full-time based. They are classified as advanced courses, the HND being recognised within its more restricted field as approaching the standard of a pass degree.

A Technician Education Council has responsibility for developing a unified system of courses for technicians in England, Wales and Northern Ireland, leading to awards which will eventually replace those of the joint committees. A similar council has been established in Scotland.

Many further education colleges also offer courses in shorthand, typing, book-keeping and office studies. Such business education is related to the specialised examination requirements of professional bodies, and courses leading to them are provided in many colleges. A Business Education Council

and its Scottish counterpart have been established with the same functions as the Technician Education Council in relation to courses of business education.

Adult Education

Adult education is generally taken to mean courses of post-school education outside the main areas of university, professional and technical education. Courses are provided by local education authorities, various voluntary bodies, residential colleges and the adult education ('extra-mural') departments of universities.

A major part of adult education is financed by local education authorities and provided mainly in their establishments, including schools (for use in the evening). Some adult education takes place in community schools which are secondary schools planned as cultural centres providing educational, social and cultural opportunities for the whole community. Most courses are part-time. In addition authorities maintain or aid short-term residential colleges providing courses varying in length between a weekend and a fortnight.

A few long-term residential colleges, grant-aided by the Government, provide one- or two-year courses, some of which lead to a diploma. They aim to provide a liberal education and do not apply academic entry tests. Most of their students are entitled to full maintenance grants.

Additional adult education is provided by recognised voluntary bodies (the largest is the Workers' Educational Association—WEA) and the university extra-mural departments. The courses are extended part-time courses of more academic studies, although there are also short courses for special (including vocational) interests. Often the WEA organises the courses and the teaching is done by the full-time staff of the extra-mural departments which can also call on the services of other university departments.

The National Institute of Adult Education provides a national centre of information, research and publication for adult education, as well as a channel of co-operation and consultation for adult education organisations in England and Wales. Assisted by a Government grant and mainly financed by local education authorities, the institute has created an Adult Literacy Resource Agency to administer additional resources which the Government is making available to assist education authorities and other organisations working to combat adult illiteracy. The Scottish Institute of Adult Education and the Scottish Adult Literacy Resource Agency are the corresponding bodies in Scotland. A Council for Continuing Education has been established in Northern Ireland to advise on the co-ordination of existing facilities and assist in planning for the future.

THE YOUTH SERVICE

The aim of the youth service is to promote the social and informal education of young people by offering them opportunities in their leisure time to mix socially and to develop and enlarge their range of interests. The service is provided by a partnership between public authorities and a large variety of voluntary organisations. Membership of groups is voluntary and there is no

attempt to impose uniformity or to create anything in the nature of a national youth movement.

Further information is available in COI reference paper *The Youth Service in Britain*, R5506.

State Involvement

The youth service forms part of the education system. The central Government education departments formulate broad policy objectives for the service and encourage their achievement through financial assistance and advice. They assist national voluntary organisations through grants towards the cost of administration and building projects. They also make known the Government's attitude by means of circulars to local education authorities and through contacts between departmental officials and representatives of the authorities and the voluntary organisations. The Scottish Education Department is advised by a council representing statutory and voluntary bodies concerned with youth and community work; while in Northern Ireland there is an advisory youth committee.

Local education authorities (education and library boards in Northern Ireland) are responsible for local administration of the youth service. Authorities provide and run their own youth clubs and centres (some of which are residential) which may be purpose-built or associated with schools. They also assist local voluntary groups by lending premises and equipment and by contributing to their capital and running costs. Many authorities have appointed youth committees on which official and voluntary bodies are represented, and employ youth organisers to co-ordinate youth work in their areas and to arrange in-service training. In Scotland these committees and organisers are normally concerned with services for both young people and adults.

Voluntary Organisations

Although there are many local education authority youth clubs and centres, national voluntary organisations still promote the largest share of youth activities through local groups which raise most of their day-to-day running expenses by their own efforts. These have an estimated combined membership of over 6 million. They vary greatly in character, some concentrating on social and recreational pursuits and others on educational or religious activities. Most of the national organisations in England are members of the National Council of Voluntary Youth Services (NCVYS), a consultative body which takes action only in the name, and with the consent, of its member bodies. The council has over 50 national organisations and 32 local co-ordinating bodies as members. In Scotland, Wales and Northern Ireland there are similar representative bodies.

Among the largest of the voluntary youth organisations in membership of NCVYS are the Scout and Girl Guides Associations (with about 600,000 and 800,000 members), the National Association of Youth Clubs (over 500,000), the National Association of Boys' Clubs (some 170,000), and the Youth Hostels Association (about 275,000). There are three pre-service organisations (the Combined Cadet Force, Army Cadet Force and Air Training Corps) which are also members of NCVYS and are assisted financially by the Ministry of Defence.

Training of Youth Workers

There are some 4,000 full-time youth workers in Britain and these are supported by many thousands of part-time workers, many of them unpaid. Part-time workers usually have no professional qualification in youth work but some have allied qualifications, for instance as teachers, and a large number attend short courses and conferences on youth work. Qualified school teachers are recognised as qualified youth workers.

In England and Wales, there is a basic two-year training for full-time youth and community workers. Provided at colleges of further education, the course leads to a professional qualification. In addition a number of colleges provide a study of youth work as a principal or subsidiary subject within a teacher-training course. In Scotland one- and three-year courses are provided at certain colleges of education, and in Northern Ireland courses are provided by the Ulster College.

Other Organisations Concerned with Young People

The Duke of Edinburgh's Award Scheme, which operates through bodies such as local authorities, schools, youth organisations and industrial firms, is designed as a challenge to young people to reach certain standards in leisure-time activities with the voluntary assistance of adults. Over 100,000 young people between the ages of 14 and 25 from Britain and other Commonwealth countries entered the scheme in 1976. There are three awards—Bronze, Silver and Gold—for each of which young people must attempt activities in four out of five sections: service; interests; expeditions; and either physical activity or design for living.

The King George's Jubilee Trust is a charitable body which, since its creation in 1935, has distributed over £3.1 million in grants to voluntary youth organisations and towards experimental youth projects.

There are, in addition, a number of organisations which, although primarily concerned with the welfare and out-of-school pursuits of young people, operate in a context broader than that of any individual youth movement. Among the most important are the Sports Councils for England, Wales, Scotland and Northern Ireland, which provide practical and advisory services for many youth organisations; the National Playing Fields Association, which advises local authorities and sports organisations on the acquisition, layout, construction and use of sports grounds; and the Outward Bound Trust, which maintains five schools in areas of outstanding natural beauty and offers full-time residential courses designed to encourage a sense of adventure, responsibility, confidence and achievement.

The National Youth Bureau is a forum for association, discussion and joint action for those concerned with the social education of young people. It provides comprehensive information, training and research services, and has a special information unit on social work with young people. In Scotland the Board for Information on Youth and Community Service undertakes similar functions.

Community Service

Thousands of young people voluntarily take part in community service designed to assist those in need, including the elderly and the disabled.

Organisations providing opportunities for community service such as International Voluntary Service, Task Force, and Community Service Volunteers receive grants from the Government. Many schools also organise community service activities as part of the curriculum.

The Young Volunteer Force Foundation is an independent body, grant-aided by the Government, which employs teams of young people available on request to assist such bodies as local authorities and voluntary organisations in encouraging and promoting voluntary service. In Scotland a similar organisation, Enterprise Youth, co-ordinates and promotes voluntary service to the community.

The Queen's Silver Jubilee Trust, launched in 1977, encourages the efforts of young people in Britain and the rest of the Commonwealth in community and other projects. Over £12 million has been raised so far.

EMPLOYMENT AND TRAINING SERVICES

THE DEPARTMENT OF EMPLOYMENT is generally responsible for employment policy, industrial relations, pay policy and the payment of unemployment benefit. In England, Scotland and Wales, the employment and training services are administered by the Manpower Services Commission through its two statutory agencies, the Employment Service Agency and the Training Services Agency. The commission, although separate from the Government, is accountable to the Secretaries of State for Employment, Scotland and Wales, and advises the Government on manpower issues. The commission's Scottish and Welsh committees consider issues of relevance to Scotland and Wales and bring these to the attention of the respective Secretaries of State.

The Health and Safety Executive has general responsibility for health and safety at work and its inspectorates enforce the legislation.

In Northern Ireland the Department of Manpower Services is responsible for employment and training services and for health and safety at work. Legislative proposals comparable to the Health and Safety at Work etc. Act are under consideration.

A fuller account is contained in COI reference *Manpower and Employment in Britain: Occupations and Conditions of Work*, R5997.

EMPLOYMENT

The main public employment services are provided by the Employment Service Agency (ESA) through a network of nearly 1,000 local employment offices and jobcentres which handle the full range of occupations and all types of vacancy. Use of the service by employers and job seekers is voluntary. In 1976-77 over 5.5 million people registered for employment, 2.1 million vacancies were notified and 1.5 million filled. Employment offices are being replaced by 'jobcentres' which provide self-service facilities in addition to other services.

The Department of Employment is responsible for paying unemployment benefit (see p 20) through its local unemployment benefit offices. Before benefit can be paid, registration for employment has to take place with the ESA.

There are special services for groups such as disabled people, professionals and executives, and school-leavers.

Disabled People

The ESA runs a rehabilitation and resettlement service for disabled workers. Over 500 disablement resettlement officers help disabled people to find employment. They also advise disabled workers on employment or training courses, and give advice to employers on the employment of disabled people. The resettlement officers administer a quota scheme requiring employers to include a percentage of registered disabled people among their workforce. There is a national training centre for disablement resettlement officers.

Employment rehabilitation is provided at 26 centres, one of which is linked with a hospital medical rehabilitation unit. In 1976-77 nearly 15,500

people attended the wide range of courses designed to overcome the effects of disability and to enable them to obtain work. Attendance is voluntary and maintenance allowances are paid. An employment rehabilitation research centre opened in Birmingham in 1977.

Financial assistance is also given to voluntary and local authority bodies concerned with such disabilities as blindness, cerebral palsy and psychiatric disorders.

Sheltered employment is provided for severely disabled workers by Remploy Ltd, a non-profit-making company partly supported by public funds. Remploy has 87 factories in England, Scotland and Wales and can provide jobs for about 8,500 disabled people. Products manufactured include furniture, packaging, leather goods and textiles. A similar organisation, Ulster Sheltered Employment Ltd, exists in Northern Ireland. Other sheltered employment is provided by local authorities and voluntary bodies with the assistance of the ESA.

Occupational Guidance

Occupational Guidance is a free advisory service available to anyone seeking advice on choosing a job. It operates through a national network of 43 units helping about 55,000 people a year. The service is based on interviews with specially trained staff who can call on the services of occupational psychologists if necessary.

Professional and Executive Recruitment

Professional and Executive Recruitment is a specialist employment service for managers, professionals, scientists and technicians. It is organised separately through 36 offices staffed by experienced consultants and is the leading advertiser of executive and management vacancies. There is a computer-assisted matching and selection system. Employers are charged a fee on all successful placings based on the starting salary, the type of service and the type of candidate placed. A similar service, free to employers, operates in Northern Ireland. Neither service charges a fee to candidates.

Careers Service

The Careers Service is a vocational guidance and employment service which local education authorities have to provide for people attending educational institutions and for young people in the early years of their employment. They can also use the general employment services. Both services work in co-operation. In Northern Ireland the careers service is an integral part of the Department of Manpower Services.

Geographical Mobility Schemes

The Employment Service Agency helps to ease unemployment by administering several schemes designed to assist the geographical mobility of labour. Grants and allowances under the Employment Transfer Scheme enable unemployed people to take jobs in other areas. A Job Search Scheme helps people with expenses while looking for a job in an area where work is more likely to be available. The Key Workers Scheme helps workers who move

temporarily or permanently to important posts in establishments set up by their employers in assisted areas.¹ Another scheme assists local employees in new factories to be trained in the parent factory.

Alleviating Unemployment

As in other developed industrial countries, unemployment rose considerably in 1975 and 1976 and remains at a high level. Since August 1975 a series of measures have been introduced to check the rise in unemployment. Particular attention has been paid to the problems of young unemployed people.

Among the measures are a temporary employment subsidy for firms agreeing to defer redundancies, a job creation programme providing temporary employment for those worst hit by high unemployment (largely young people), and a youth employment subsidy to assist longer-term unemployed young people. Others include expanded training programmes, a 'work experience' programme designed to give unemployed youngsters an introduction to working life, a 'job-release' scheme to encourage older workers to leave work early if they are close to retirement age, and expansion of the Careers Service. The Community Industry Scheme, which helps young people who have had particular difficulties in settling into a job, is also being expanded. Additional funds are being made available to encourage the movement of unemployed workers to areas where jobs are available. Two experimental schemes include a subsidy to encourage recruitment by small firms and a job introduction scheme for disabled people.

Additional help for unemployed youngsters was announced in June 1977. Under a new £160 million youth opportunities programme, youngsters who have been registered unemployed for more than six weeks will have a chance of work experience or training. It will be fully operational by September 1978 and will double the number being helped under current schemes. The programme, arranged by the Manpower Services Commission, will consist of preparation for work through training and work experience courses. Local education authorities will take part in the programme by providing more places at further education colleges.

The new programme will absorb the work experience project and the job creation programme is being extended to the end of 1977. The youth employment subsidy will end in March 1978.

In April 1978 a special temporary employment programme will provide temporary employment for up to a year for people aged 19 or over, projects being concentrated in areas of exceptionally high unemployment.

TRAINING

Although the main responsibility for industrial and commercial training lies with individual employers the Government, through the Manpower Services Commission and the Training Services Agency (TSA), has taken a number of measures to help ensure the supply of trained manpower.

¹Areas where assistance is offered by the Government to encourage industrial development and the movement of office and other service employment.

Training in Industry

Some 23 industrial training boards and one industrial training committee are responsible for training in their respective industries, which employ over half the working population. The boards receive Government grants to cover operating expenses, grants for certain important training activities and special grants to support craft and technician training during the current economic recession. Their plans and budgets are agreed with the TSA over a two-year period; discussions also take place on the five-year training needs of the industries.

The TSA promotes training for people employed in industries not covered by the boards.

Training Opportunities Scheme

The Training Opportunities Scheme supplements training given by industry and commerce by giving opportunities for people to acquire new skills. Disabled workers are covered by the scheme. Training is carried out at 66 TSA 'skillcentres' and at colleges and employers' establishments. About 800 courses are available. Skillcentres concentrate on engineering, construction, and automotive skills while courses at colleges are concerned mainly with clerical, commercial and management skills. A few residential training colleges are run by voluntary organisations to train disabled workers.

Trainees are paid allowances varying with domestic responsibilities. They may include an earnings-related supplement, travelling expenses and a lodging allowance.

In 1976 nearly 90,000 people were trained under the scheme. It is expected that the number will increase to 100,000 in 1980.

Other Training Services

The TSA provides a number of other training services to employers.

The training within industry scheme is intended to develop the skills of supervisors; special courses are available for supervisors employed in offices, retail distribution and hospitals. Courses in international trade procedures are available for staff employed in export/import offices and, at advanced level, for customs entry clerks. Two instructor training colleges and three instructor training units provide courses in instructional techniques to skillcentre staff and to industrial and commercial firms.

Employers can sponsor their employees for refresher and upgrading training at skillcentres. There is also a mobile instructor service providing training to employees in their workshops.

SAFETY AND HEALTH OF EMPLOYEES

Occupational health services seek to prevent disease and accidents in places of work. Legislation, enforced by inspectorates, sets out certain standards concerning health, safety and amenity in factories and offices. Many employers maintain medical and/or nursing services for their employees, although not required to do so by law.

Health and Safety at Work etc. Act 1974

The Health and Safety at Work etc. Act 1974 is designed to cover everyone at work and to further the protection of the general public against industrial hazards. The purpose of the Act is to secure the health, safety and welfare of people at work, to control the keeping and use of dangerous substances (and their unlawful acquisition, possession and use), and to control the discharge into the atmosphere of noxious or offensive substances.

The Act gives inspectors the power to issue a prohibition notice stopping any process or activity likely to lead to serious personal injury. Remedial action is specified in the notice, and, once this has been taken, the notice lapses. An improvement notice can be issued ordering a fault to be remedied within a specified time. Inspectors can also prosecute anyone contravening a relevant statutory provision—this power may be used instead of, or in addition to, serving a notice.

The legislation is administered by the Health and Safety Executive. Basic obligations laid down in the Act are supported by ministerial powers to make regulations dealing with a wide range of health and safety matters. Regulations are supplemented, where appropriate, by codes of practice approved by the commission.

The Health and Safety Commission

The Health and Safety Commission consists of members drawn from both sides of industry and local government authorities. Its operational arm is the Health and Safety Executive consisting of the inspectorates covering factories, mines and quarries, agriculture, explosives, nuclear installations and alkali works. The Employment Medical Advisory Service and the Safety in Mines Research Establishment also form part of the executive.

The executive has a research and laboratory service which carries out research work and provides scientific support to other parts of the executive. Occupational medicine and hygiene laboratories help measure levels of harmful contaminants in the atmosphere. Three new mobile laboratories, each staffed by a team of specialist engineers and scientists, are being introduced to carry out on-the-spot analysis of various hazards; eventually there will be seven such groups throughout the country.

Safety Regulations

About 270,000 factories, warehouses, shipyards, docks and construction sites in England, Scotland and Wales are covered by the Factories Act 1961 enforced by the Factory Inspectorate. Similarly some 750,000 premises are subject to the Offices, Shops and Railway Premises Act 1963 enforced by the Factory Inspectorate, the Mines and Quarries Inspectorate and local government authorities.

Legislation is designed to deal with such matters as the fencing of machinery, precautions against exposing people to toxic gases and dusts, precautions against fire and special risks, the safe condition of premises, and cleanliness, lighting, temperature and ventilation.

Anyone intending to employ other people in premises covered by the legislation has to notify the enforcing authority of his intention. There is also a statutory duty to report every accident which is either fatal or causes more

than three days' incapacity. The Factories Act includes provisions for the compulsory notification and investigation of certain types of dangerous occurrence and for precautions against dangerous substances.

Comparable regulations apply to mines and quarries, agriculture and transport. They are enforced by the Mines and Quarries Inspectorate, the Agriculture Inspectorate, and the Department of Transport's Railway Employment Inspectorate. Aviation and shipping are the responsibility of the Department of Trade. Local government fire authorities are responsible for general fire precautions and means of escape.

Nuclear site licences for commercial nuclear installations are granted by the Health and Safety Executive through its Nuclear Installations Inspectorate. Construction cannot take place without a licence. Conditions attached to a licence in the interests of safety are imposed and enforced by the inspectorate.

Safety in the offshore oil and gas industry is the responsibility of the Health and Safety Commission. The Health and Safety at Work etc. Act applies to the industry but, by agreement, enforcement is largely the responsibility of the Petroleum Engineering Directorate of the Department of Energy.

Promotion of Safety Measures

The commission encourages the development of voluntary organisation within each industry at national level for the consideration of safety matters. The Factory Inspectorate circulates expert advice and maintains an industrial health and safety centre in London where machinery demonstrating the effectiveness of guards is displayed as well as a wide range of protective clothing and equipment.

Regulations coming into force on 1 October 1978 provide for the employment of safety representatives and safety committees in workplaces.

The Royal Society for the Prevention of Accidents and the British Safety Council are national organisations concerned with accident prevention.

Health and Welfare

Great importance is attached to preventing health hazards at work. General requirements of the Health and Safety at Work etc. Act relate to the manufacture, safe handling and storage of substances presenting a health risk and the provision of adequate arrangements for welfare at work. More detailed requirements concern heating, lighting, ventilation, cleanliness, dust and fume control, sanitary accommodation, washing facilities and first-aid. Specific regulations cover certain processes associated with health risks, for instance, dust in foundries and mines, and lead processes.

Employment Medical Advisory Service

The Employment Medical Advisory Service forms part of the Health and Safety Executive, and provides a national advisory service on the medical aspects of employment problems to employers, employees, trade unions, doctors and others. It carries out medical examinations of workers in hazardous occupations and surveys of employment hazards, advises the staff of the Manpower Services Commission on medical aspects of job placement, rehabilitation and industrial training, and co-operates with school medical officers and careers officers in helping to solve the employment

problems of handicapped school-leavers. There are about 140 doctors and occupational nurses based in the main industrial centres. In addition there are several hundred appointed doctors who perform statutory medical examinations at workplaces where hazardous processes are operated.

Employers' Health Services

Many employers voluntarily maintain their own medical services for their employees. The big employers, including the State and the boards of nationalised industries, have taken the lead but some small factories also provide medical services.

CONSUMER PROTECTION

THERE IS a comprehensive system to protect the economic and other interests of consumers. The principal aspects of legislation safeguarding the consumer's economic interests are those concerning quality, performance and service, price information and credit facilities. The purpose of the legislation is to protect people against unfair trading practices and to provide adequate rights and means of redress. The Department of Prices and Consumer Protection is the main Government department responsible for consumer affairs. The Office of Fair Trading is an independent public body designed to keep consumer affairs under review and to help enforce the Fair Trading Act 1973. Information and advice for people is given by Government departments, local government authorities, independent organisations, the press and broadcasting. The National Consumer Council, together with the Scottish and Welsh Consumer Councils, makes known the consumer's view to Government and industry.

A full account of the consumer protection system is contained in COI reference pamphlet *Fair Trading and Consumer Protection in Britain*, R6011.

The Department of Prices and Consumer Protection

The Department of Prices and Consumer Protection is responsible for policy and legislation on consumer affairs including fair trading, trading standards, weights and measures, monopolies, mergers and restrictive trade practices, consumer credit and consumer safety. The Secretary of State for Prices and Consumer Protection is a Cabinet minister.

Under the general heading of fair trading, the department is concerned with all aspects of competition policy, consumer advice and protection, and the safety of goods. A Consumer Safety Unit includes electrical experts and a scientific research team. The department is responsible for implementing legislation on consumer credit and for policy on standards, weights and measures. Technical services ensure the accuracy of measuring instruments and help fulfil statutory responsibilities under weights and measures law.

Fair Trading Act

The Fair Trading Act 1973 enables the Government to protect people against harmful trading practices by making Statutory Orders. To help achieve its aims the Act established the Office of Fair Trading under a Director General. In addition there is an independent advisory body, the Consumer Protection Advisory Committee.

The task of the office is to encourage competition which is both fair between one business and another, and fair to the consumer. It aims to improve trading standards and to stop or change unfair trading practices. These are defined as practices which mislead or confuse consumers over the nature, quality or quantity of goods or services to be supplied; those withholding adequate information; those putting pressure on someone to enter a transaction; or those leading to unfair contracts.

Trade practices can be referred to the Consumer Protection Advisory Committee by the Secretary of State and other ministers or the Director General of Fair Trading. The committee determines whether a practice adversely affects the economic interests of consumers. When making a reference, the Director General can include proposals for the introduction of a Statutory Order. The committee calls expert witnesses, and considers submissions from interested parties. If it agrees with the proposal for a Statutory Order, it submits a report to that effect to the Secretary of State. It can, however, modify or reject the proposal if it thinks that it does not go far enough or that it would present practical difficulties. If the committee agrees with the Director General's proposals, the Secretary of State can ban or control the trade practice in question. Subject to parliamentary consent, the Order becomes law carrying the penalty of a fine, imprisonment or both.

When traders or companies persist in conduct detrimental to consumer interests by breaking the civil or criminal law, the Director General can take action under the Fair Trading Act. He may first try to obtain from the offender a satisfactory written assurance to refrain from this conduct but he can take proceedings before the Restrictive Practices Court, county court or, in Scotland, sheriff court if an assurance cannot be obtained or if the assurance is given and not observed. The court may then bring an order against the respondent. In exercising this power the Director General relies to a large extent on the work of the trading standards officers employed by local authorities; these officers enforce the Secretary of State's Statutory Orders prohibiting or regulating trade practices.

The Director General encourages trade associations to draw up voluntary codes of practice to safeguard and promote the interests of consumers.

Other Legislation

Other important legislation is the Weights and Measures Act 1963 which establishes a uniform system of weights and measures, and provides protection against short weight and short measure in commodities. The Consumer Protection Acts of 1961 and 1971 empower the Government to ensure the safety of any class of goods. The Trade Descriptions Acts of 1968 and 1972 make it an offence to describe goods inaccurately or to make certain false or misleading statements about services. This type of legislation is in the main enforced by local government trading standards departments.

Consumer Advice

Information and advice to consumers is given by Government departments and agencies, local authorities and independent organisations.

The Department of Prices and Consumer Protection publishes a monthly bulletin circulated to press and broadcasting organisations and to consumer organisations to supplement the Government's programme of leaflets and advertising. The Office of Fair Trading supplies information material for local authority consumer advice centres and the voluntary Citizens Advice Bureaux.

Local authority trading standards departments have power to provide for, or contribute towards, consumer advice services in their area. A network of

over 100 advice centres gives shopping guidance, and tries to remedy complaints by helping the parties to arrive at a solution. Negotiations often result in compensation for consumers. Explanatory leaflets and booklets are available and lectures are arranged for schools and local organisations.

The Citizens Advice Bureaux are described on p 67.

The independent Consumers' Association, financed by membership subscriptions, provides information and conducts extensive programmes of testing goods and investigation of services. Its views and test reports are published in its monthly bulletin, *Which?*, and other publications.

Local consumer groups, whose representative body is the National Federation of Consumer Groups, promote consumers' interests, and provide information and advice.

TREATMENT OF OFFENDERS

BOTH NON-CUSTODIAL and custodial treatment are important elements of the British system for dealing with offenders against the law. Imprisonment is, however, increasingly seen as the last resort and a wide range of treatment alternatives is available. Courts have considerable discretion to select the most suitable sentence in the light of the nature and gravity of the offence and the information available about the offender.

The Home Secretary and the Secretaries of State for Scotland and Northern Ireland are the Government ministers responsible for policy and practice concerning the treatment of offenders. In England and Wales the Advisory Council on the Penal System makes recommendations on topics referred to it by the Home Secretary.

A full account of the criminal justice system is contained in COI reference pamphlet *Criminal Justice in Britain*, R5984.

NON-CUSTODIAL TREATMENT

Wherever possible and subject to safeguards for the protection of the public, the treatment of offenders within the community is regarded as preferable to imprisonment and other custodial treatment. The probation and after-care service is responsible for a considerable amount of non-custodial treatment, and is organised locally through probation and after-care committees consisting of local magistrates and co-opted members with legal and specialist interests. In Northern Ireland it is administered by the Northern Ireland Office. In Scotland the functions of the probation service are exercised by local authority social work departments which provide the service and social workers required by the criminal courts in their area.

Probation

Probation is designed to secure the rehabilitation of an offender while he continues his ordinary life under the supervision of a probation officer who advises, assists and befriends him. Before making a probation order (which lasts for between one and three years), the court must explain its effects and inform the probationer that if he fails to comply with the requirements of the order, he will be liable to be dealt with again for the original offence. A probation order can be made only if the offender is 17 years of age or over (14 in Northern Ireland), and must have his consent. The order usually requires the probationer to keep in regular touch with the probation officer, to be of good behaviour and to lead an industrious life. It may also require him to live in a specified place, or, in appropriate circumstances, to submit to treatment for a mental condition.

Probation and after-care committees may, with the approval of the Home Secretary, provide and maintain day training centres which offenders may be required to attend for up to 60 days for intensive supervision and social education as a requirement of a probation order. They may also provide bail hostels, probation hostels and other establishments for use in the rehabilitation of offenders. Probation hostels provide the court with a further

alternative to custody for offenders who might be helped through group and individual contacts to move away from a pattern of offending. Bail hostels are designed for accused people awaiting trial.

Community Service

A court in England and Wales may make a community service order for offenders who might otherwise receive a short custodial sentence. Administered by the probation and after-care service, the scheme provides for between 40 and 240 hours (within 12 months) of unpaid community service. Examples of work done include painting, decorating and gardening for elderly and disabled people, helping in hospitals and building adventure playgrounds for children. Some offenders continue community service on a voluntary basis once the order has run out. Nearly 9,000 orders were made in 1976.

A similar scheme is being introduced in Northern Ireland.

Suspended Sentences

In England, Wales and Northern Ireland a judge can pass a suspended sentence of not more than two years. The sentence is not served by the offender unless, during the period, he is convicted of a further offence punishable with imprisonment; in that event the suspended sentence normally takes effect and another sentence may be imposed for the new offence. An offender receiving a suspended sentence of more than six months may be given a suspended sentence order which, unlike a probation order, is not subject to his consent; supervision is the responsibility of the probation and after-care service. The order is made if the court considers that the offender will benefit from supervision and that he may be helped by it not to offend again.

Other Measures

Other measures may include absolute or (in England, Wales and Northern Ireland) conditional discharge for up to three years (one year in Northern Ireland). A discharge is made when the court feels that there is no need to impose punishment on a convicted person. Another alternative for the court is 'binding over' where the offender is required to pledge money, with or without sureties, to keep the peace and be of good behaviour. Fines are a common punishment especially for motoring offences.

In most circumstances, a person convicted of a criminal offence need not reveal or admit it after a rehabilitation period of from six months to ten years depending on the nature of the sentence imposed. This does not apply to those who have received a prison sentence of more than two and a half years.

PRISONS

The courts make less use of prison as a penalty for criminal activity. In 1948, for instance, some 59 per cent of people aged 17 and over convicted by the higher courts of indictable offences were sent to prison but this figure dropped to 34 per cent in 1975. Nevertheless the prison population has continued to increase as a result of the rise in crime.

Sentencing

The criminal courts' discretion to select the sentence most appropriate for an offender is modified by statutory provisions designed to ensure that prison sentences are kept to a minimum. In England, Wales and Northern Ireland, a person who has not previously served a custodial sentence of a particular kind may not be sentenced to such treatment unless he is legally represented or has chosen not to be, and in the case of imprisonment unless the court is satisfied that no other sentence will suffice.

Courts' discretion on sentencing is also modified by statutory provisions fixing maximum penalties for very serious offences. The mandatory penalty for murder in the United Kingdom is imprisonment for life which is also the maximum penalty in England and Wales for manslaughter and certain other very serious offences such as rape, robbery and arson.

A person under 17 cannot be sentenced to imprisonment in England and Wales. No court can pass a sentence of imprisonment on an offender aged 17 to 20 years unless satisfied that no other method of dealing with him is appropriate. In Scotland no offender under 21 may be sent to prison, although detention in a special 'young offenders institution' may be ordered in the case of an offender aged 16 to 20 years where neither borstal nor detention training (see p 62) is suitable.

The Prison Service

The aims of the prison service are to detain those committed to custody and to develop constructive methods of treatment and training in the hope that they will lead to the prisoners' rehabilitation and reform. Prisoners are classified into groups taking into account the likelihood of their escaping and the degree to which their escape would offer a threat to the public or the State. Prisoners under the age of 21 at the time of their sentence are classified as 'young prisoners', and serve their sentences separately from the older prisoners unless they are reclassified as adults and treated as such in an adult prison.

People in prison awaiting trial are entitled to privileges not granted to convicted prisoners and as far as possible are separated from convicted prisoners. Prisoners under 21 are separated from older prisoners.

Many British prisons were built during the nineteenth century and are unsatisfactory by modern standards. Overcrowding is also a problem. Some new prisons have been built in the past few years, and existing establishments are being redeveloped and modernised as far as limited resources allow. There are separate prisons for women prisoners. About 12 per cent of male prisoners and 43 per cent of female prisoners in England and Wales are in open prisons.

Prison policy and administration are the responsibility of the Home Office, the Scottish Home and Health Department and the Northern Ireland Office. A board of visitors composed of men and women representing the local community and including a proportion of magistrates is appointed by the Home Secretary at each custodial centre in England and Wales. The boards have a general responsibility concerning the state of the buildings, the administration of the establishment, and the treatment of inmates. They also have certain disciplinary powers in cases involving serious breaches of

discipline, and they hear representations or complaints from inmates. Similar arrangements exist in Scotland and Northern Ireland.

Remission of Sentence

All prisoners serving a sentence for an actual term of more than one month (except those imprisoned for life) are allowed remission of one-third of their sentence provided that this does not reduce their sentence below about a month. Remission may be forfeited for serious misconduct in prison.

In Northern Ireland prisoners receive one-half remission on determinate sentences provided that remission does not reduce the sentence below 31 days. For those serving over a year, all or part of the balance of the remitted period can be served in the event of reconviction for an imprisonable offence in the remitted period in addition to any penalty imposed for the new offence.

Parole

Prisoners serving fixed sentences of more than 18 months become eligible for consideration for release on parole after serving one-third of their sentence or 12 months whichever expires the later. If granted, release is on licence. The parolee is supervised by a probation officer, the licence normally requiring him to report to his supervising officer and to maintain regular contact with him, not to change his job without notifying the probation service, and to lead an honest and industrious life. If the terms of the licence are broken the parolee may be recalled to prison. The licence remains in force until the date on which the prisoner would have been released had not parole been granted; offenders in England and Wales serving extended sentences and those sentenced while under the age of 21 are subject to supervision until the sentence of the court has expired. Prisoners sentenced to life imprisonment and released on parole remain on licence for the rest of their lives and are subject to recall should circumstances warrant it.

If eligible for parole, a prisoner wishing to be considered has his case considered by a local review committee consisting of the prison governor or his deputy, a probation officer, a member of the board of visitors and two members of the public. The cases are then considered by the Home Office. Most of those in low risk categories who are unanimously recommended by the committee as suitable for parole are released by the Home Secretary; all others favourably recommended are referred by the Home Secretary to the Parole Board. If the local review committee consider a prisoner unsuitable for parole, he is usually refused it or, in certain circumstances, referred to the Parole Board.

In most cases the board's recommendation whether or not to grant parole is accepted by the Home Secretary. However, he is ultimately responsible for the release of prisoners on parole and he may decline to release someone recommended for parole by the board; this power is rarely exercised. Those prisoners considered but not recommended by the board cannot be released on parole by the Home Secretary.

There is a similar system in Scotland but there is no parole scheme in Northern Ireland.

Discharge and After-Care

After-care starts at the beginning of a prisoner's sentence as probation officers arrange interviews for offenders in the cells at court immediately after sentence. All prisons in England and Wales arrange pre-release preparations, for example, discussion groups at which experts consider with prisoners the domestic, social and employment problems with which they are likely to be faced on release. For adult prisoners serving two years or more and for women and young prisoners serving 18 months or more, home leave is extensively granted towards the end of their sentences to enable them to re-establish links with their families and friends or to make new contacts with people, including potential employers, who may be able to assist them on release.

There is also a pre-release employment scheme under which some prisoners serving four years or more can do civilian work outside prison before release; they are paid normal wages from which they support their families. Prisoners granted parole may have preparatory leave.

In England and Wales after-care may be compulsory or voluntary. Compulsory supervision immediately after release applies to all offenders under the age of 21 at sentence (except those committed to custody in default of payments ordered to be made by the court), adults given extended sentences or life imprisonment, and prisoners released on parole. Voluntary supervision is offered to the remainder. Both kinds of supervision are the responsibility of the probation and after-care service and are intended to offer discharged offenders a programme of help to enable them to settle down into a normal existence. Voluntary societies, most of which are members of the National Association for the Care and Resettlement of Offenders, are involved in after-care. Hostels and other accommodation are provided, often with some financial help from the Home Office.

In Scotland after-care is the responsibility of local authority social workers and in Northern Ireland the probation and after-care service.

Inside Prison

Within prison there are facilities for employment, education, medical care and spiritual welfare. Inmates are employed on a variety of tasks. Prison industries manufacture clothing for prisoners, furniture and furnishings for the prison service, goods for other Government departments, and products for the open market such as textiles and engineering products. The prison farming and horticultural industries contribute to food provision. Small payments are made for work done and in some prisons there are incentive schemes for higher earnings on the basis of output and skill.

Each prison has a full-time education officer and some full- and part-time teachers. Attendance at evening classes is voluntary. Some prisoners take Open University courses (see p 39). All inmates have access to the prison library. Other recreational facilities may include films, plays, concerts, lectures and discussions.

Selected prisoners take vocational training courses leading to recognised qualifications.

Physical education aims to maintain and improve physical fitness; all offenders under 21 must attend a certain number of classes, but training is voluntary for others.

Each prison has a medical officer responsible for the physical and mental health of inmates. Large establishments have medical teams. All prisons have hospital treatment facilities. Some large prisons provide specialist treatment and have the services of visiting medical specialists. Four prisons have surgical units, one of which is contained in the psychiatric prison at Grendon, the only one of its type in England and Wales. Patients can, where necessary, be transferred to National Health Service hospitals.

Some selected establishments have one or more psychologists on their staff while certain others are covered on a visiting basis. They are engaged on tasks agreed with management including treatment programmes for inmates, staff training, and diagnostic assessments for treatment or allocation purposes.

Prisoners have a general right to write and receive letters and be visited by relatives at regular intervals. There are also privileges such as additional letters and visits, the use of books, periodicals and newspapers, and the right to make purchases from the canteen with prison earnings. Depending on the facilities available, they may be granted further privileges of dining and recreation in association and watching television in the evening. Prisoners may also receive visits from voluntary prison visitors.

Probation officers attached to the staff provide links between the probation service outside prison and with statutory and voluntary welfare services. These arrangements are designed to maintain contacts between the prisoner and his family throughout his sentence and to assist him on release.

The spiritual welfare of inmates is looked after by the appointment to every prison of chaplains of the Church of England (in Scotland the Church of Scotland and in Northern Ireland the Church of Ireland and the Presbyterian Church), a Roman Catholic priest and a Methodist minister. Ministers of other denominations are appointed, or specially called in as needed.

CHILDREN IN TROUBLE

England and Wales

In England and Wales no child under 10 can be held guilty of any offence. A child aged 10 to 16 years accused of an offence may be the subject of criminal proceedings or of 'care' proceedings; both are normally held before a juvenile court of magistrates where proceedings are less formal than in a normal magistrates' court, the public is excluded and the overriding principle is the welfare of the child. Many juvenile offenders are given a formal police caution instead of being brought before a court.

In care proceedings the fact that a child is found guilty of an offence is not in itself justification for the making of a care order; the court must also be of the opinion that the child is in need of care or control which he is unlikely to receive unless an order is made. In criminal proceedings the court can make a care order without having to consider whether the child is in need of care or control—this applies to a child found guilty of an offence punishable in the case of an adult by imprisonment.

A care order commits the child to the care of the local authority which is responsible for deciding whether the child should be accommodated, for example, with foster parents or in a residential community home (see p 17). The order is reviewed by the authority every six months and can be discharged at any time by the court; normally it expires at the age of 18 or 19. The Department of Health and Social Security accommodates some children too severely disturbed or disruptive to be treated in other child care homes.

Under a supervision order (valid for three years or less), the child normally remains at home under the supervision of a social worker or a probation officer. He or she may be required to undergo intermediate treatment, a compromise between measures involving complete removal from home and those which do not; it consists of participation under a supervisor in a variety of constructive and remedial activities through a short residential course or, more usually, attendance at a day or evening centre.

A court may also order a parent or guardian to enter into recognisances to take proper care of the child and to exercise proper control over him; such an order in criminal proceedings can only be made with the consent of the parent or guardian.

In care proceedings a court may order a stay in hospital in accordance with the mental health legislation.

In criminal proceedings other orders include payments of compensation, fines or conditional or absolute discharge. If the offender is a boy and is guilty of an offence for which older people could be imprisoned, he may be ordered to spend a total of some 12 to 24 hours of his spare time on Saturdays at an attendance centre. The sessions last three hours and provide physical training and instruction in practical subjects.

Scotland

The age of criminal responsibility in Scotland is eight years but prosecutions are unusual, and no child can be prosecuted for an offence other than at the instance of the Lord Advocate. Children under 16 years who have committed an offence may be brought before a children's hearing, although first offenders and those committing minor offences may be given a police warning. Offenders are referred to a hearing by a local authority employee called the reporter. The hearing is a panel of people from the local community and not a court. The grounds for referral to a hearing have to be accepted by the child and his parents; if they do not agree the hearing must either discharge the referral or have the case referred to the sheriff to establish the facts. The hearing consists of a panel of three and those attending include the child, his parents (who have a legal right to attend and, normally, must attend) and the reporter. Proceedings are kept as informal as possible. Any action taken by the hearing must be in the best interests of the child.

The hearing may commit a child to supervision by the local authority. This may include a requirement to stay in a residential home; intermediate treatment is also available. There are provisions for appeal by a child or his parents against a hearing's decision, the appeal being heard by the sheriff.

Children charged with very serious offences are brought before a court. This may also apply to those committing an offence in the company of an

adult. If the child is found guilty, the court may pass sentence or remit the case to a children's hearing to determine the appropriate treatment.

Northern Ireland

The age of criminal responsibility is 10. Children aged between 10 and 16 charged with committing a criminal offence may be brought before a juvenile court. If found guilty of an offence punishable by imprisonment in the case of an adult, the child may be sent to a training school. Other measures open to the court include putting the child in the care of a health and social services board. The law relating to young offenders is under review.

YOUNG ADULT OFFENDERS

Special forms of custodial treatment are available for offenders aged 17 to 20 years. These include detention in a detention centre and borstal training.

Some 12 senior detention centres in Great Britain are designed for the treatment of young male offenders who cannot be taught respect for the law by non-custodial measures and whose offence does not justify a long period of residential training away from home. There are six junior centres for boys aged 14 to 16 years. Detention lasts three to six months (a fixed period of three months in Scotland). Life in a centre is brisk and formal demanding the highest possible standard of discipline and achievement. Training comprises a normal working week of 40 hours, including an hour each day devoted to physical training, with considerable attention paid to education. All offenders are supervised for a year after discharge from a centre.

Borstal training is remedial and educational, based on personal training by carefully selected staff. Emphasis is placed upon vocational training in skilled trades. There is much freedom of movement and some borstals are open establishments. Borstals are designed for offenders aged 15 to 20 years (16 to 20 years in Scotland and Northern Ireland). Courts rarely order borstal training unless they have previously tried fines, probation or detention centre training, perhaps all three. The training period usually ranges from six months to two years and is followed by supervision.

LEGAL AID, ADVICE AND ASSISTANCE

LEGAL AID is provided for people with low incomes to pay for the cost of advice and assistance and for legal representation in court proceedings. Lawyers' costs and the expenses of litigation are paid from a State legal aid fund drawn from a Government grant, costs and damages recovered from opposite parties in litigation, and contributions which assisted people may be required to pay.

Advice and Assistance

Where court proceedings are not involved, people with limited means can obtain help from a solicitor on any legal matter for little or no cost. This includes giving advice, writing letters, drafting wills and obtaining opinions from a barrister. A solicitor may act for a client until his costs reach a total of £25 (£45 for undefended divorce cases), but authority can be obtained for this limit to be exceeded. A person seeking help has to give the solicitor brief details about his income and savings to show that he comes within the scheme's financial limits which are reviewed annually.

In some urban areas law centres provide free legal advice; all have at least one full-time salaried lawyer and most employ community workers. There are also voluntary legal advice centres in many parts of the country, often linked with Citizens Advice Bureaux (see p 67).

Legal Aid in Civil Proceedings

Legal aid is available to people whose disposable incomes and disposable capital do not exceed certain prescribed amounts, but a contribution is payable according to the level of the applicant's income. If that is below a prescribed amount, legal aid is given free of any contribution. Assessments of disposable income and capital are made by the Supplementary Benefits Commission (see p 24) and are governed by regulations which allow for deductions from gross income for maintenance of dependants, interest on loans, income tax, rent and other matters for which a person may reasonably provide out of income. Deductions are allowable from capital for the value of a person's house, furniture and other household effects. As with legal advice and assistance, the qualifying income limits for aid are reviewed annually.

The civil legal aid schemes are run by the solicitors' professional bodies, The Law Society, The Law Society of Scotland and The Incorporated Law Society of Northern Ireland. These functions are exercised under the general guidance of the Lord Chancellor in England and Wales, the Secretary of State for Scotland and the Secretary of State for Northern Ireland.

An applicant for legal aid must show that he has reasonable grounds for taking or defending the proceedings. If his application is successful, he can select from a panel a solicitor who, if necessary, instructs counsel. The case is conducted in the normal way, except that no money passes between the assisted person and his solicitor, payments being made in and out of the legal aid fund. The costs of an action which an assisted litigant loses against an unassisted opponent may also, subject to certain conditions and if the court

so orders, be met out of the fund. Local committees can refuse assistance if it appears unreasonable that the applicant should receive it in the particular circumstances of a case; both solicitors and counsel have a duty to review the case at each stage to see that it is not being pursued unreasonably at public expense. Legal aid is not generally available in cases where redress is sought for alleged defamation or in proceedings in administrative tribunals.

Legal Aid in Criminal Proceedings

In criminal proceedings, a legal aid order may be made by a court in England and Wales if it appears to be in the interests of justice and that a defendant's means are such that he requires financial help in meeting the costs of the proceedings. An order must be made when a person is committed for trial on a charge of murder or applies for leave to appeal from the Court of Appeal (Criminal Division) or the Courts Martial Appeal Court to the House of Lords.

The criminal legal aid scheme in England and Wales is administered by the courts. The Home Secretary has overall responsibility.

Arrangements in Scotland and Northern Ireland are similar. In Scotland there is a statutory duty solicitor scheme for accused people in custody in sheriff and district court cases.

VOLUNTARY SERVICES

STATUTORY services are complemented by those provided by voluntary organisations and by individual volunteers. Voluntary organisations, especially the churches, pioneered the development of many social services by providing schools, hospitals, clinics, dispensaries and youth clubs. These facilities were not uniform throughout the country and only covered part of the population in need. The State therefore assumed much wider responsibility for social services by developing a comprehensive structure to ensure a minimum standard of living and well-being for the population.

The Government encourages voluntary work so that it can fill possible gaps in State provision and take account of any new needs that may arise. A recent example includes the Good Neighbour campaign (see p 16). Responsibility for some services such as the care of deprived children, disabled people and elderly people is shared between the State services and voluntary bodies.

There are thousands of organisations ranging from large national societies to small local groups. Some are primarily concerned with giving personal advice and service, while others concentrate on influencing public opinion; some combine these functions. Voluntary organisations, including those assisted from public funds, are free to criticise official policy and to campaign for improvements in the social services.

The majority of national organisations are staffed by salaried administrators. Those concerned with case work and personal services also employ social workers. Large numbers of people give part-time or full-time unpaid service. Many organisations arrange training schemes for their staff.

The National Council of Social Service (NCSS)¹ co-ordinates voluntary services in England by developing co-operation among the voluntary organisations and between them and the statutory services. Similar functions are performed by the Scottish Council of Social Service, the Council of Social Service for Wales and the Northern Ireland Council of Social Service. All four are autonomous, self-governing bodies. The Scottish, Welsh and Northern Ireland councils are members of the NCSS which often acts on their behalf concerning policies of significance for the whole United Kingdom. Regular meetings of officers share ideas and information.

In England and Wales the Charity Commission, a Government agency, gives free advice to trustees of charities, making schemes to modify their purposes or facilitate their administration when necessary. It maintains central and local registers of charities which are open to public inspection, and it investigates and checks abuses although it has no power to act in the administration of a charity.

Voluntary Services Unit

The Voluntary Services Unit is a division of the Home Office which has general responsibility for Government interest in voluntary organisations.

¹For further information, see COI short note *The National Council of Social Service (England)*, SN5691.

Its work includes acting as a channel of communication between voluntary organisations and Government departments, co-ordinating Government response to voluntary organisations, encouraging voluntary effort, and making grants to organisations of national significance whose work spans the interests of a number of Government departments. Individual Government departments make grants to organisations working within their sphere.

The Volunteer Centre

Among the bodies assisted by the Government is the Volunteer Centre which is a national centre giving advice and information on community involvement. The service is available to statutory and voluntary bodies, groups and individuals. It includes an information bank on volunteer involvement throughout the country, the promotion of training for volunteers and voluntary service co-ordinators, and a special service for local volunteer bureaux.

There are some 160 volunteer bureaux serviced by the centre. They give information and advice to potential volunteers about local opportunities and provide a link with bodies seeking more recruits.

Financing the Voluntary Services

Although voluntary organisations obtain an important part of their funds from their fund-raising efforts, central and local government give financial aid. Central Government help is often concentrated on financing headquarters' administration while local authorities give grants for projects and organisations working in their areas.

Other sources of income are subscriptions and donations from individuals, organisations, industry and commerce and large charitable trusts such as the Carnegie United Kingdom Trust, the King George's Jubilee Trust and the Queen's Silver Jubilee Trust, the Nuffield Foundation, the Joseph Rowntree Memorial Trust and the Wolfson Foundation.

Voluntary Organisations

Organisations concerned with personal and family problems include the family casework agencies like the Family Welfare Association, Family Service Units and the National Society for the Prevention of Cruelty to Children. Social workers are employed to investigate family problems and assist in their solution.

Child care is another concern of voluntary organisations. These often provide homes and other services for children deprived of a normal home life. The larger ones—for example, Dr Barnardo's and the National Children's Home—are members of the National Council of Voluntary Child Care Organisations to which a number of smaller voluntary societies are also affiliated. The Child Poverty Action Group acts on behalf of poor families by campaigning for improvements in child benefit and other income support.

The National Council for One-Parent Families and Gingerbread are two of the main organisations concerned with the difficulties faced by single-parent families.

A network of marriage guidance councils, co-ordinated in England, Wales and Northern Ireland by the National Marriage Guidance Council and in

Scotland by the Scottish Marriage Guidance Council, provide free advice to couples meeting problems in their married life and to young people approaching marriage.

Voluntary counsellors are employed by the Samaritans to help people who are near to, or might commit, suicide. The Samaritans are present in many areas, and the telephone numbers are printed in the local telephone directories.

Service to the sick and to disabled people is given by—among others—the British Red Cross Society, St John Ambulance and the Women's Royal Voluntary Service. Other societies, many of whom are members of the Royal Association for Disability and Rehabilitation, include the Royal National Institute for the Blind, the Royal National Institute for the Deaf, MIND (National Association for Mental Health), the National Society for Mentally Handicapped Children, the Spastics Society, Alcoholics Anonymous, Age Concern, Help the Aged and their equivalents in Scotland and Northern Ireland. Many hospitals have voluntary workers who organise and undertake a variety of services.

Community service is given by young people belonging to national and local organisations—for example, the Young Volunteer Force Foundation, Community Service Volunteers, Task Force, the Scouts, Girl Guides and school groups.

Organisations whose work is religious in inspiration include the Salvation Army, the Church Army, Toc H, the Committee on Social Service of the Church of Scotland, the Church of England Children's Society, the Church of England Committee for Social Work and the Social Services, the Young Men's Christian Association, the Young Women's Christian Association, the Society of Friends, the Catholic Marriage Advisory Council and the Jewish Welfare Board.

The Women's Royal Voluntary Service brings 'meals on wheels' to house-bound disabled and old people, provides flatlets and clubs for elderly people, helps with family problems, assists in hospitals and does relief work in emergencies.

Some other organisations are listed on pages 70–75.

Citizens Advice Bureaux

Perhaps the largest voluntary social service agency is the network of 710 local citizens advice bureaux which make available accurate information and skilled advice to members of the public. The service is confidential, independent and impartial. All bureaux are represented on an area committee which has representatives on the policy-making council of the National Association of Citizens Advice Bureaux. The association's registering scheme ensures that bureaux meet high standards.

Nearly 3 million inquiries were handled in 1976–77. Inquiries usually concern family and personal problems; housing, property and land; consumer affairs; administration of justice; employment; and social security. Others deal with the health service, taxation and education. The bureaux often hand out Government and local authority information leaflets on social services, social security and other matters.

Specialist advice is given on legal, consumer and financial matters. There

are 210 solicitor rota schemes which provide free legal advice and all bureaux act as access points to the legal aid scheme (see p 63). On consumer matters, bureaux advise people on their legal rights and act on their behalf if they have a complaint. They work with consumer advice centres and complement the activity of local authority trading standards departments (see p 53). Over 100 bureaux offer financial advice sessions provided by accountants on such matters as tax, credit and budgeting.

A fuller description of the service is given in COI short note *Citizens Advice Bureaux in Britain*, SN5658.

SOCIAL POLICY OF THE EUROPEAN COMMUNITY

AS A MEMBER of the European Community, Britain takes part in the formulation of social policy designed to improve living and working conditions throughout the Community. A fuller account is contained in COI reference pamphlet *Britain in the European Community: Social Policy*, R5995.

One of the chief agencies for social advance is the European Social Fund which makes grants towards projects submitted by member governments. Its purpose is to improve employment opportunities for workers and to increase geographical and occupational mobility. In general it meets up to half the cost of certain Government-supported training and resettlement schemes.

A Social Action Programme, adopted by the Council of Ministers in January 1974, seeks to establish a coherent framework for the development of Community social policy. The objectives of the programme are full and better employment, improved living and working conditions, and greater participation in economic and social decisions. Proposals adopted as part of the programme include assistance from the European Social Fund for migrant workers and disabled people; an action programme for disabled people; the setting up of an advisory committee on safety and health; a directive on equal pay for men and women; a recommendation on a standard 40-hour working week and four weeks' annual holiday; a directive on the handling of mass dismissals; a directive on the retention of rights and privileges by workers in the event of transfers of undertakings; and the creation of a vocational training centre.

In the last few years the priorities of the Social Action Programme have been concerned with alleviating the effects of inflation and unemployment. In June 1977 a review of the Social Fund was undertaken when it was agreed that the European Commission should submit proposals to provide funds for increasing the employment opportunities for women and assisting the labour market policies (for instance, job creation schemes) of member states. Further measures will be introduced to create additional jobs for those sectors of the population particularly affected by the present economic recession.

The European Community has regulations on social security framed to protect the benefit rights of Community nationals moving within the Community to seek or take work. The general principle is that a Community national is entitled to the social security benefits of the country in which he or she is working (see p 25). Similarly, European Community nationals working in another Community country are entitled to medical treatment under the health provisions of that country (see p 5). The Community is involved in other matters relating to health, notably directives concerning free movement of doctors and other members of the health professions, environmental health, medical research, occupational health, and pharmaceutical products. The Community's first directive on education, agreed in June 1977, aims to assist the movement of workers and their families within member countries by improving facilities for the education of migrant workers' children.

LIST OF ORGANISATIONS

HEALTH, PERSONAL SOCIAL SERVICES AND SOCIAL SECURITY

Government Departments

- Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1 6BY.
- Department of Health and Social Services (Northern Ireland), Dundonald House, Upper Newtownards Road, Belfast BT4 3SF.
- Office of Population Censuses and Surveys, St Catherine's House, 10 Kingsway, London WC2B 6JP.
- Scottish Education Department, New St Andrew's House, St James Centre, Edinburgh EH1 3SY.
- Scottish Home and Health Department, New St Andrew's House, St James Centre, Edinburgh EH1 3TF.
- Voluntary Services Unit, Home Office, Queen Anne's Gate, London SW1H 9AT.
- Welsh Office (Health and Social Work Department), Pearl Assurance House, Greyfriars Road, Cardiff CF1 3RT.

Other Organisations

- Age Concern, 60 Pitcairn Road, Mitcham CR4 3LL.
- Alcoholics Anonymous, 11 Redcliffe Gardens, London SW10 9BG.
- Arthritis and Rheumatism Council for Research, 8 Charing Cross Road, London WC2H 0HG.
- Association of British Adoption Agencies, 4 Southampton Row, London WC1B 4AA.
- British Red Cross Society, 9 Grosvenor Crescent, London SW1X 7EJ.
- British Rheumatism and Arthritis Association, 1 Devonshire Place, London W1N 2BD.
- Catholic Marriage Advisory Council, 15 Lansdowne Road, London W11 3AJ.
- Central Council for Education and Training in Social Work, Derbyshire House, St Chads Street, London WC1H 8AE.
- Child Poverty Action Group, 1 Macklin Street, London WC2B 5NH.
- Church of England Children's Society, Old Town Hall, Kennington Road, London SE11 4QD.
- Church of England Committee for Social Work and the Social Services, Church House, Dean's Yard, London SW1P 3NZ.
- Church of Scotland, 121 George Street, Edinburgh EH2 4YN.
- Community Service Volunteers, 237 Pentonville Road, London N1 9NG.
- Council for Professions Supplementary to Medicine, York House, Westminster Bridge Road, London SE1 7UH.
- Council of Social Service for Wales, Crescent Road, Caerphilly, Mid-Glamorgan CF8 1XL.
- Disabled Living Foundation, 346 Kensington High Street, London W14 8NS.
- Disablement Income Group, Attlee House, Toynbee Hall, 28 Commercial Street, London E1 6LP.
- Dr Barnardo's, Tanner's Lane, Barkingside, Ilford, Essex.
- Family Planning Association, Margaret Pyke House, 27 Mortimer Street, London W1A 4QW.
- Family Service Units, 207 Old Marylebone Road, London NW1 5QP.
- Family Welfare Association, 501-503 Kingsland Road, London E8 4AU.
- General Dental Council, 37 Wimpole Street, London W1M 8DQ.
- General Medical Council, 44 Hallam Street, London W1N 6AE.

General Nursing Council for England and Wales, 23 Portland Place, London W1A 1BA.

General Nursing Council for Scotland, 5 Darnaway Street, Edinburgh EH3 6DP.

General Optical Council, 41 Harley Street, London W1N 2DJ.

Gingerbread, 35 Wellington Street, London WC2E 7BN.

Health Education Council, 78 New Oxford Street, London WC1A 1AH.

Health Service Commissioner for England, Scotland and Wales, Church House, Great Smith Street, London SW1P 3BW.

Help the Aged, 32 Dover Street, London W1A 2AP.

Invalid Children's Aid Association, 126 Buckingham Palace Road, London SW1W 9SB.

Jewish Welfare Board, 315-317 Ballards Lane, London E12 8LP.

Medical Research Council, 20 Park Crescent, London W1N 4AL.

Medicines Commission, Finsbury Square House, 33-37 Finsbury Square, London EC2A 1PP.

MIND (National Association for Mental Health), 22 Harley Street, London W1N 2ED.

Multiple Sclerosis Society of Great Britain and Northern Ireland, 4 Tachbrook Street, London SW1 1SJ.

National Association for Maternal and Child Welfare, Tavistock House (North), Tavistock Square, London WC1 9JG.

National Association of Leagues of Hospital Friends, 44 Fulham Road, London SW3 6HH.

National Children's Bureau, 8 Wakley Street, London EC1V 7QE.

National Corporation for the Care of Old People, Nuffield Lodge, Regent's Park, London NW1 4RS.

National Council for One-Parent Families, 255 Kentish Town Road, London NW5 2LX.

National Council of Social Service, 26 Bedford Square, London WC1B 3HU.

National Council of Voluntary Child Care Organisations, 85 Highbury Park, London N5 1UD.

National Marriage Guidance Council, Herbert Gray College, Little Church Street, Rugby, Warwickshire CV21 3AP.

National Society for Mentally Handicapped Children, Pembridge Hall, Pembridge Square, London W2 4EP.

National Society for the Prevention of Cruelty to Children, 1 Riding House Street, London W1P 8AA.

Northern Ireland Council of Social Service, 2 Annadale Avenue, Belfast BT7 3JR.

Nuffield Foundation, Nuffield Lodge, Regent's Park, London NW1 4RS.

Personal Social Services Council, 2-16 Torrington Place, London WC1E 7HN.

Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN.

Religious Society of Friends, Friends' House, Euston Road, London NW1 2BJ.

Royal Association for Disability and Rehabilitation, 25 Mortimer Street, London W1N 8AB.

Royal British Legion, 49 Pall Mall, London SW1Y 5JY.

Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH.

Salvation Army, 101 Queen Victoria Street, London EC4P 4EP.

Samaritans Incorporated, 17 Uxbridge Road, Slough SL1 1SN.

Scottish Association for Mental Health, 18-19 Claremont Crescent, Edinburgh EH7 4QD.

Scottish Council for Spastics, 22 Corstorphine Road, Edinburgh EH12 6HP.

Scottish Council for Single Parents, 44 Albany Street, Edinburgh EH1 3QR.
 Scottish Council of Social Service, 18–19 Claremont Street, Edinburgh EH7 4QD.
 Scottish Marriage Guidance Council, 58 Palmerston Place, Edinburgh EH12 5AZ.
 Shaftesbury Society, 112 Regency Street, London SW1P 4AX.
 Spastics Society, 12 Park Crescent, London W1N 4EQ.
 St Dunstons (for Service war-blinded), 191 Old Marylebone Road, London NW1 5QN.
 St John Ambulance, 1 Grosvenor Crescent, London SW1X 7EF.
 Task Force, Clifford House, Edith Villas, London W14 8UG.
 Toc H, 1 Forest Close, Wendover, Bucks.
 Volunteer Centre, 29 Lower Kings Road, Berkhamstead, Herts HP4 2AB.
 Women's Royal Voluntary Service, 17 Old Park Lane, London W1Y 4AJ.
 Young Men's Christian Association, 640 Forest Road, Walthamstow, London E17 3DZ.
 Young Women's Christian Association, Hampden House, 2 Weymouth Street, London W1N 4AX.
 Young Volunteer Force Foundation, 7 Leonard Street, London EC2A 4AQ.

HOUSING

Government Departments

Department of the Environment, 2 Marsham Street, London SW1P 3EB.
 Department of the Environment (Northern Ireland), Parliament Buildings, Stormont, Belfast BT4 3SS.
 Scottish Development Department, New St Andrew's House, St James Centre, Edinburgh EH1 3SZ.
 Welsh Office (Housing Division), Oxford House, The Hayes, Cardiff CF1 2SY.

Other Organisations

Building Societies Association, 14 Park Street, London W1Y 4AL.
 Housing Corporation, Maple House, 149 Tottenham Court Road, London W1P 0BN.
 National Building Agency, 7 Arundel Street, London WC2R 3DZ.
 National Federation of Housing Associations, 86 Strand, London WC2R 0EG.
 National House Building Council, 58 Portland Place, London W1N 4BU.
 Scottish Federation of Housing Associations, 56 Hanover Street, Edinburgh EH2 2DX.
 Scottish Special Housing Association, 15–21 Palmerston Place, Edinburgh EH12 5AJ.
 Shelter (National Campaign for the Homeless), 86 Strand, London WC2R 0EQ.

EDUCATION

Government Departments

Department of Education and Science, Elizabeth House, York Road, London SE1 7PH.
 Department of Education (Northern Ireland), Rathgael House, Balloo Road, Bangor, County Down.
 Scottish Education Department, New St Andrew's House, St James Centre, Edinburgh EH1 3SY.
 Welsh Education Office, 31 Cathedral Road, Cardiff CF1 9UJ.

Other Organisations

Advisory Centre for Education, 32 Trumpington Street, Cambridge CB2 1QY.

Association of Commonwealth Universities, 36 Gordon Square, London WC1H 0PF.

Association of Education Committees, 10 Queen Anne Street, London W1M 0AE.

British Association for Early Childhood Education, Montgomery Hall, Kennington Oval, London SE11 5SW.

British Council, 10 Spring Gardens, London SW1A 2BN.

Business Education Council, 76 Portland Place, London W1N 4AA.

Central Bureau for Educational Visits and Exchanges, 43 Dorset Street, London W1H 3FN.

Council for Educational Technology for the United Kingdom, 3 Devonshire Street, London W1N 2BA.

Council for National Academic Awards, 344-354 Gray's Inn Road, London WC1X 8BP.

Educational Interchange Council, 43 Russell Square, London WC1B 5DG.

Headmasters' Conference, 29 Gordon Square, London WC1H 0PS.

Independent Schools Information Service, 47 Victoria Street, London SW1H 0EQ.

National Committee for Audio-Visual Aids in Education, 33 Queen Anne Street, London W1M 0AL.

National Council for Special Education, Pembridge Hall, 17 Pembridge Square, London W2 4EP.

National Foundation for Educational Research in England and Wales, The Mere, Upton Park, Slough SL1 2DQ.

National Institute of Adult Education, 35 Queen Anne Street, London W1M 0BL.

Pre-School Playgroups Association, Alford House, Aveline Street, London SE11 5DJ.

Schools Council for Curriculum and Examinations, 160 Great Portland Street, London W1N 6LL.

Scottish Business Education Council, 22 Great King Street, Edinburgh EH3 6QH.

Scottish Council for Research in Education, 16 Moray Place, Edinburgh EH3 6DR.

Scottish Technical Education Council, 38 Queen Street, Glasgow G1 3DY.

Technician Education Council, 76 Portland Place, London W1N 4AA.

Universities Central Council on Admissions, PO Box 28, Cheltenham, Gloucestershire GL50 1HY.

University Grants Committee, 14 Park Crescent, London W1N 4DH.

Workers' Educational Association, 9 Upper Berkeley Street, London W1H 8BY.

YOUTH SERVICE

Government Departments

Department of Education and Science, Elizabeth House, York Road, London SE1 7PH.

Department of Education (Northern Ireland), Rathgael House, Balloo Road, Bangor, County Down.

Scottish Education Department, New St Andrew's House, St James Centre, Edinburgh EH1 3SY.

Other Organisations

Board for Information on Youth and Community Service, 67 York Place, Edinburgh EH1 3JD.

British Youth Council, 57 Chalton Street, London NW1 1HU.

Commonwealth Youth Exchange Council, 4 Park Place, St James's Street, London SW1A 1LR.

Duke of Edinburgh's Award, 5 Prince of Wales Terrace, London W8 5PG.

King George's Jubilee Trust, 39 Victoria Street, London SW1H 0EE.

National Council for Voluntary Youth Services, 26 Bedford Square, London WC1B 3HU.

National Playing Fields Association, 25 Ovington Square, London SW3 1LJ.

National Youth Bureau, 37 Belvoir Street, Leicester LE1 6SL.

Scottish Standing Conference of Voluntary Youth Organisations, 10 Palmerston Place, Edinburgh EH12 5AD.

EMPLOYMENT

Government Departments

Department of Employment, 8 St James's Square, London SW1Y 4JB.

Department of Manpower Services (Northern Ireland), Dundonald House, Upper Newtownards Road, Belfast BT4 3SF.

Other Organisations

Confederation of British Industry, 21 Tothill Street, London SW1H 9LP.

British Institute of Management, Management House, Parker Street, London WC2B 5PT.

British Safety Council, 62 Chancellor's Road, London W6 9RS.

Employment Service Agency, 82 Charing Cross Road, London WC2H 0BT.

Health and Safety Commission, Baynards House, Chepstow Place, Westbourne Grove, London W2 4TF.

Industrial Society, 48 Bryanston Square, London W1H 1BQ.

Manpower Services Commission, Selkirk House, 166 High Holborn, London WC1V 6PF.

Remploy Ltd, 415 Edgware Road, London NW2 6LR.

Royal Society for the Prevention of Accidents, Cannon House, The Priory, Queensway, Birmingham B4 6BS.

Trades Union Congress, Congress House, Great Russell Street, London WC1B 3LS.

Training Services Agency, 162-168 Regent Street, London W1R 6DE.

CONSUMER PROTECTION

Government Departments

Department of Commerce (Northern Ireland), Chichester House, Chichester Street, Belfast BT1 4JX.

Department of Prices and Consumer Protection, 1 Victoria Street, London SW1H 0ET.

Other Organisations

Consumers' Association, 14 Buckingham Street, London WC2N 6DS.

Consumer Protection Advisory Committee, 1 Victoria Street, London SW1H 0ET.

National Association of Citizens Advice Bureaux, 26 Bedford Square, London WC1B 3HU.

National Consumer Council, 18 Queen Anne's Gate, London SW1H 9AA.

National Federation of Consumer Groups, 61 Valentine Road, Birmingham B14 7AJ.

Office of Fair Trading, Field House, 15-25 Breems Buildings, London EC4A 1PR.

LEGAL AID, ADVICE AND ASSISTANCE

Lord Chancellor's Office, House of Lords, London SW1A 0PW.

The Law Society, 113 Chancery Lane, London WC2A 1PL.

The Law Society of Scotland, 26 Drumsheugh Gardens, Edinburgh EH3 7YR.

The Incorporated Law Society of Northern Ireland, Royal Courts of Justice, Belfast.

TREATMENT OF OFFENDERS

Government Departments

Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

Department of Health and Social Services (Northern Ireland), Dundonald House, Upper Newtownards Road, Belfast BT4 3SF.

Home Office, Queen Anne's Gate, London SW1H 9AT.

Northern Ireland Office, Stormont Castle, Belfast BT4 3ST.

Scottish Education Department, New St Andrew's House, St James Centre, Edinburgh EH1 3TD.

Scottish Home and Health Department, New St Andrew's House, St James Centre, Edinburgh EH1 3TF.

Other Organisations

Criminal Injuries Compensation Board, Russell Square House, Russell Square, London WC1B 5EN.

Howard League for Penal Reform, 125 Kennington Park Road, London SE11 4JP.

Metropolitan Police, New Scotland Yard, Broadway, London SW1H 0BG.

National Association for the Care and Resettlement of Offenders, 125 Kennington Park Road, London SE11 4JP.

National Association of Prison Visitors, 47 Hartington Street, Bedford.

Scottish Association for the Care and Resettlement of Offenders, 110 West Bow, Edinburgh EH1 2HH.

ADVICE GROUPS

National Association of Citizens Advice Bureaux, 26 Bedford Square, London WC1B 3HU.

National Council for Civil Liberties, 186 King's Cross Road, London WC1X 9DE.



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MAYS, JOHN; FORDER, ANTHONY; <i>and</i> KEIDAN, OLIVE. Penelope Hall's Social Services of Modern England and Wales. Ninth edition. ISBN 0 7100 8252 5.	Routledge	1975
WATKIN, BRIAN. Documents on Health and Social Services: 1834 to the present day. ISBN 0 416 18080 9.	Methuen	1975
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